

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000008519

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** EARL'S FORMAL WEAR L.L.C.

**Current Principal Place of Business:**

303 N.E. 3RD AVENUE  
UNIT 13  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

1923 N. E. 28TH ST  
CAPE CORAL, FL 33909

**New Mailing Address:**

**FEI Number:** 20-8289296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, EARL D  
1923 N. E. 28TH ST  
CAPE CORAL, FL 33909 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CRAWFORD, EARL D  
**Address:** 1923 N.E. 28TH ST  
**City-St-Zip:** CAPE CORAL, FL 33909

**Title:** MGR  
**Name:** CRAWFORD, CATHY L  
**Address:** 1923 N. E. 28TH ST  
**City-St-Zip:** CAPE CORAL, FL 33909

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** EARL CRAWFORD

MGR

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date