

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103189

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: MASTERS CLOTHIER, LLC

## Current Principal Place of Business:

1535 NORTH COGSWELL STREET  
SUITE C-15  
ROCKLEDGE, FL 32955 US

## New Principal Place of Business:

1011 ROCKLEDGE DR.  
ROCKLEDGE, FL 32955 US

## Current Mailing Address:

1535 NORTH COGSWELL STREET  
SUITE C-15  
ROCKLEDGE, FL 32955 US

## New Mailing Address:

1011 ROCKLEDGE DR.  
ROCKLEDGE, FL 32955 US

FEI Number: 30-0445152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POLLARD, DREW  
1535 NORTH COGSWELL STREET  
SUITE C-15  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

POLLARD, E DREWRY PRES  
1011 ROCKLEDGE DR.  
ROCKLEDGE, FL 32955 US

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: E. DREWRY POLLARD

02/06/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: POLLARD, DREW  
Address: 1535 NORTH COGSWELL STREET, SUITE C-15  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete  
Name: LESSER, MARVIN  
Address: 1535 NORTH COGSWELL STREET, SUITE C-15  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete  
Name: POLLARD, JILL  
Address: 1535 NORTH COGSWELL STREET, SUITE C-15  
City-St-Zip: ROCKLEDGE, FL 32955 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: POLLARD, E. DREWRY PRES  
Address: 1011 ROCKLEDGE DR.  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM (X) Change ( ) Addition  
Name: LESSER, MARVIN  
Address: 1011 ROCKLEDGE DR.  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM (X) Change ( ) Addition  
Name: POLLARD, JILL  
Address: 1011 ROCKLEDGE DR.  
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: E. DREWRY POLLARD

PRES

02/06/2008

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