

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063436

FILED
Apr 20, 2009
Secretary of State

Entity Name: CLASSIC SPORTSWEAR, LLC

Current Principal Place of Business:

1200 1ST STREET
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

1200 1ST STREET
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 26-2909458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOANE, JEREMY S ESQ
SIMMERMAN KISER & SUTCLIFFE, P.A.
315 E. ROBINSON STREET, STE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

DOMINY, ALAN R
9411 WALDSTRASSE CT
ORLANDO, FL 32824 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: ALAN DOMINY

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DOMINY, ALAN R
Address: 9411 WALDSTRASSE CT
City-St-Zip: ORLANDO, FL 32824

Title: MGR () Change (X) Addition
Name: DOMINY, PATRICK C
Address: 1200 1ST STREET
City-St-Zip: ORLANDO, FL 32824

Title: MGR () Change (X) Addition
Name: FITZGERALD, MICHAEL P
Address: 5098 HOOK HOLLOW CR
City-St-Zip: ORLANDO, FL 32837

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: ALAN DOMINY

MGR

04/20/2009

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