

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000079825

FILED  
Apr 07, 2011  
Secretary of State

Entity Name: YOURS TRULY CLOTHING LLC

**Current Principal Place of Business:**

2963 DUPONT AVE.  
SUITE 1  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

1143 PRESTON PLACE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

2963 DUPONT AVE.  
SUITE 1  
JACKSONVILLE, FL 32217

FEI Number: 27-3142393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FARRAR, KATHERINE S  
1143 PRESTON PLACE  
JACKSONVILLE, FL 32207 US

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

FARRAR, KATHERINE S  
2963 DUPONT AVE.  
SUITE 1  
JACKSONVILLE, FL 32217 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: KATIE FARRAR

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FARRAR, KATHERINE S  
Address: 2963 DUPONT AVE., SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM  
Name: SKINNER, JENIFER  
Address: 2963 DUPONT AVE., SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM  
Name: SKINNER III, ARTHUR C  
Address: 2963 DUPONT AVE., SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32217 US

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: KATIE FARRAR

MGR

04/07/2011

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