

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000079825

FILED
Feb 14, 2012
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:

2963 DUPONT AVE.
SUITE 1
JACKSONVILLE, FL 32217

New Mailing Address:

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
2963 DUPONT AVE.
SUITE 1
JACKSONVILLE, FL 32217 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: 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

Title: MGRM
Name: PARETE, AMANDA L
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: AMANDA PARETE

MGRM

02/14/2012

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