

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001460

FILED
Apr 03, 2009
Secretary of State

Entity Name: R.L. FASHIONS OF NAPLES, LLC

Current Principal Place of Business:

9 POLITO AVENUE
LYNDHURST, NJ 07071

New Principal Place of Business:

Current Mailing Address:

9 POLITO AVENUE
LYNDHURST, NJ 07071

New Mailing Address:

FEI Number: 52-2252848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: FASHIONS OUTLET OF AMERICA, INC.
Address: 9 POLITO AVENUE
City-St-Zip: LYNDHURST, NJ 07071

Title: CEOC () Delete
Name: FARAH, ROGER
Address: 650 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: PC () Delete
Name: SHERMAN, JEFFREY
Address: 601 W 26TH ST
City-St-Zip: NEW YORK, NY 10022

Title: VCF () Delete
Name: TRAVIS, TRACEY
Address: 650 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: VS () Delete
Name: CHU, YEN
Address: 650 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: VT () Delete
Name: CRANMER, ROGER
Address: 9 POLITO AVE
City-St-Zip: LYNDHURST, NJ 07071

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: WESTREICH, ROBERT
Address: 9 POLITO AVE
City-St-Zip: LYNDHURST, NJ 07071

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: EUGENE RUVERE

TM

04/03/2009

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