

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90162 032 \*\*\*\*50.00

**DOCUMENT # M04000004410**

1. Entity Name  
**CASUAL MALE RBT, LLC**



Principal Place of Business  
**555 TURNPIKE STREET  
CANTON, MA 02021**

Mailing Address  
**555 TURNPIKE STREET  
CANTON, MA 02021**

**DO NOT WRITE IN THIS SPACE**



03142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-1653061**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LEVIN, DAVID A  
555 TURNPIKE STREET  
CANTON, MA 02021**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HERNREICH, DENNIS R  
555 TURNPIKE STREET  
CANTON, MA 02021**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/25/05**

Date

**781-828-9300**

Daytime Phone #