## 2006 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

DENNIS R. HERNREICH

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

## **ANNUAL REPORT DOCUMENT # M04000004410**



03-03-2006 90007 045 \*\*\*\*50.00

Mar 03, 2006 8:00 am Secretary of State

**FILED** 

Principal Place of Business

CASÚAL MALE RBT, LLC

Mailing Address

**555 TURNPIKE STREET** CANTON, MA 02021

SIGNATURE:

**555 TURNPIKE STREET** CANTON, MA 02021



02142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 1-	Applied For
20-1653061	-	Not Applicable
5. Certificate of Status Desired	55.00 Additio	

Fee Required

781-828-9300

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, 2006					
9.	MANAGING MEMBERS/MANAGERS		•		
TITLE NAME STREET ADDRESS CITY-SF-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		DO NOT			
NAME STREET ADDRESS CHTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
l indicated	certify that the information supplied with this filling does not queen on this report is true and accurate and that my signature shability company or in receiver or truggee empowered to execute the state of the st	qualify for the exemptions contained in Chapter 119, Florida Statu hall have the same legal effect as if made under oath; that I am a cute this report as required by Chapter 608, Florida Statutes.	tes. I further certify that the information managing member or manager of the		