2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# M05000004559

Entity Name: DBI STORES LLC

Current Principal Place of Business:

130 ROYALL STREET
CANTON, MA 02021

New Principal Place of Business:

Current Mailing Address:

130 ROYALL STREET
LEGAL DEPT 3 EAST A
CANTON, MA 02021

New Mailing Address:

FEI Number: 51-0120378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: LAVELLE, KATE
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: MGR ( ) Delete
Name: HORN, STEPHEN
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: MGR ( ) Delete
Name: REMILLARD, L.J. JR
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: MGR ( ) Delete
Name: LEWIN, DAVID
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: MGR ( ) Delete
Name: KELLY, KEVIN
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

Title: MGR ( ) Delete
Name: LEECH, PAUL
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LAVELLE, KATE S
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

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: MGR (X) Change ( ) Addition
Name: MACEDA, JASON
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

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: STEPHEN HORN MGR 04/01/2009

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