

United States Bankruptcy Court _____ **District of** DELAWARE **PROOF OF CLAIM**

Name of Debtor LARGE APPAREL OF FLORIDA INC Case Number 10-13026-KJC

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
STATE OF FLORIDA - DEPARTMENT OF REVENUE

Name and Address where notices should be sent:
 BANKRUPTCY SECTION CLAIMANTS ATTORNEY
 POST OFFICE BOX 6668 FREDERICK F. RUDZIK
 TALLAHASSEE, FLORIDA 32314-6668 P.O. BOX 6668
 TALLAHASSEE FL 32314-6668
 TELEPHONE (850) 717-6998 TELEPHONE (850)617-8347

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____ (if known)

Filed on: _____

Name and Address where payments should be sent: (if different from above)

RECEIVED
APR 18 2011
BMC GROUP

Telephone Number: _____

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 136.53

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of you claim falls in one of the following categories, check the box and state the amount.

2. Basis for Claim: UNEMPLOYMENT
(See instruction #2 on reverse side.)

Specify the priority of the claim:

3. Last four digits of any number by which creditor identifies debtor: 2209

3a. Debtor may have scheduled account as: _____
(See instruction # 3a on reverse side.):

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,950), *earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

4. Secured Claim. (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:

Value of Property: \$ _____ Annual Interest Rate _____%

Amount of arrearage and other charges as of time case filed included in secure claim,
If any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 0.00

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,425* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support this claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain.

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

Amount entitled to priority:
\$ 136.53

Claim Comment Text:


*Amounts are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 04/12/2011

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Teresa Beasley

TERESA BEASLEY
REVENUE SPECIALIST
(850)717-6998

FOR COURT USE ONLY
Urban Brands

00776



Executive Director
Lisa Vickers

STATE OF FLORIDA
DEPARTMENT OF REVENUE

Bankruptcy Section – Office of General Counsel
P.O. Box 6668
Tallahassee, Florida 32399-6668
(850) 922-9887

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

April 12, 2011

DEAR CLAIMS AGENT:

PLEASE ACKNOWLEDGE RECEIPT OF CLAIM FILED IN THE AMOUNT OF **\$136.53** FOR DEPARTMENT OF REVENUE **UNEMPLOYMENT TAX** AND **\$2,451.05** FOR DEPARTMENT OF REVENUE SALES AND USE TAX BY SIGNING BELOW AND FAXING TO 850-245-5988.

THANK YOU,

TERESA BEASLEY

STATE OF FLORIDA, DEPARTMENT OF REVENUE
BANKRUPTCY SECTION
POST OFFICE BOX 6668
TALLAHASSEE, FLORIDA 32314-6668

ACKNOWLEDGEMENT OF CLAIM RECEIVED BY