

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... FREDERICK F. RUDZIK... TALLAHASSEE, FLORIDA 32314-6668... P.O. BOX 6668... TALLAHASSEE FL 32314-6668... TELEPHONE (850) 717-6998... TELEPHONE (850)617-8347

Name and Address where payments should be sent: (if different from above) RECEIVED APR 18 2011 BMC GROUP

1. Amount of Claim as of Date Case Filed: \$ 2,451.05
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.

2. Basis for Claim: SALES AND USE TAX (See instruction #2 on reverse side.)

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.):

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

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

Claim Comment Text:

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 REVENUE SPECIALIST (850)717-6998 FOR COURT USE ONLY Urban Brands 00777



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