

10-74005

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

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

Name and Address where notices should be sent: BANKRUPTCY SECTION CLAIMANTS ATTORNEY... TALLAHASSEE, FLORIDA 32314-6668

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Court Claim Number: (If known)

Filed on:

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

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.

Telephone Number:

1. Amount of Claim as of Date Case Filed: \$ 0.00 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.

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

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.

Specify the priority of the claim:

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

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

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

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).

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

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

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.

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).

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

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

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

Other - Specify applicable paragr 507(a)

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.

Urban Brands barcode with amount \$ 0.00 and *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.

Claim Comment Text: supercedes claim

Date: 10/18/2011

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.

CATHY DUBISKY REVENUE SPECIALIST (850)717-6998

Cathy Dubisky

FOR COURT USE ONLY

Bankruptcy Court of Delaware stamp with date 7 AM 10:56

Handwritten signature

