## SIGNATURE: KELLY LYLES

Electronic Signature of Signing Authorized Person(s) Detail

#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000044644

Entity Name: TIP TOP SHOE GLOVE LLC

#### **Current Principal Place of Business:**

3030 NE 188TH 502 AVENTURE, FL 33180

#### **Current Mailing Address:**

3030 NE 188TH 502 AVENTURE, FL 33180 US

#### **FEI Number: APPLIED FOR**

#### Name and Address of Current Registered Agent:

LYLES, KELLY A 3030 NE 188TH ST 502 AVENTURE, FL 33180 US

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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LYLES, KELLY A	Name	DIB, SYED F
Address	3030 NE 188TH ST 502	Address	4005 9TH AVE
City-State-Zip:	AVENTURE FL 33180	City-State-Zip:	BROOKLYN NY 11232

that my name appears above, or on an attachment with all other like empowered. 04/28/2014 MANAGER

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and

### FILED Apr 28, 2014 Secretary of State CC1473865242

Certificate of Status Desired: No

Date

Date