

**2015 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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LYLES, KELLY A  
Address 3030 NE 188TH ST 502  
City-State-Zip: AVENTURE FL 33180

Title MGR  
Name DIB, SYED F  
Address 4005 9TH AVE  
City-State-Zip: BROOKLYN NY 11232

*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 that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KELLY LYLES

**MANAGER**

**03/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date