

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000071440

**Entity Name:** FUNCTIONAL FEET, LLC

**Current Principal Place of Business:**

39 FAIRVIEW BLVD  
FORT MYERS, FL 33931

**Current Mailing Address:**

39 FAIRVIEW BLVD  
FORT MYERS, FL 33931

**FEI Number:** 46-1968073

**Certificate of Status Desired:** No

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

WALKER, DANA  
39 FAIRVIEW BLVD  
FORT MYERS BEACH, FL 33931 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 MGRM  
Name WALKER, DANA  
Address 39 FAIRVIEW BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

Title MGRM  
Name KLING, ANTHONY D  
Address 19829 NEW HAMPSHIRE AVENUE  
City-State-Zip: BRINKLOW MD 20862

*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:** ANTHONY D KLING

**MANAGER**

**01/17/2014**

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

\_\_\_\_\_  
Date