

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005223

**FILED**  
**Mar 08, 2007**  
**Secretary of State**

**Entity Name:** RED SHOE INTEGRATED MARKETING, LLC

**Current Principal Place of Business:**

978 CASA DEL SOL CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

5703 RED BUG LAKE RD  
361  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

978 CASA DEL SOL CIRCLE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

5703 RED BUG LAKE RD  
361  
WINTER SPRINGS, FL 32708

**FEI Number:** 03-0400795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, CARYN L  
978 CASA DEL SOL CIRCLE  
ALTAMONTE SPRINGS, FL 32714 US

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

SMITH, CARYN L  
5703 RED BUG LAKE ROAD  
361  
WINTER SPRINGS, FL 32708 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:**

03/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SMITH, CARYN L  
**Address:** 978 CASA DEL SOL CIRCLE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** SMITH, CARYN L  
**Address:** 5703 RED BUG LAKE ROAD  
**City-St-Zip:** WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** CARYN SMITH

MGRM

03/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date