2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-14-2003 90006 048 ****50.00

DOCUMENT # L02000013874

1. Entity Name
INTERNATIONAL THERAPEUTIC FOOTWEAR, LLC

Principal Place of Business	Mailing Address
12850 STATE RD 84, LOT 3-16 DAVIE FL 33325	12850 STATE RD 84, LOT 3-16 DAVIE FL 33325

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0417380 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEDEBRINK, HELMA 12850 STATE RD 84, LOT 3-16 DAVIE FL 33325	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEDEBRINK, HELMA 12850 STATE RD 84; LOT 3-16 DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Helma Ledebrink ELECTRONICALLY FILED 04/04/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013874

1. Entity Name
INTERNATIONAL THERAPEUTIC FOOTWEAR, LLC

Attachment # 55031982

[redacted]

Principal Place of Business	Mailing Address
850 STATE RD 84, LOT 3-16 DAVIE FL 33325	12850 STATE RD 84, LOT 3-16 DAVIE FL 33325

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEDEBRINK, HELMA 12850 STATE RD 84, LOT 3-16 DAVIE FL 33325	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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FEE: $50.00
Make Check Payable to: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Additio
NAME	LEDEBRINK, HELMA		NAME		
STREET ADDRESS	12850 STATE RD 84, LOT 3-16		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		CITY-ST-ZIP		

E. LEDEBRINK
12850 W. STATE ROAD 84 LOT 3-16
DAVIE, FLORIDA 33325

SUNTRUST BANK
DAVIE, FLORIDA 33328
63-607/870

1003

4/15/2003

PAY TO THE ORDER OF Forida Department Of State-Div. Of Corp. $ **50.00

Fifty and 00/100********** DOLLARS

MEMO 2003 Uniform Business Report

Helma Ledebrink

⑈001003⑈ ⑆067000761⑆ 10000111141537⑈

indicates all members of the limited liability company or the receiver or trustee, if appointed

Helma Ledebrink

04/04/03
Date

Daytime Phone #