

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029417

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** L.J.LYNN FOOTWEAR CONSULTING, LLC

**Current Principal Place of Business:**

4459 GLEN KERNAN PARKWAY  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4459 GLEN KERNAN PARKWAY  
JACKSONVILLE, FL 32224 US

**Current Mailing Address:**

4459 GLEN KERNAN PARKWAY  
JACKSONVILLE, FL 32224

**New Mailing Address:**

4459 GLEN KERNAN PARKWAY  
JACKSONVILLE, FL 32224 US

FEI Number: 61-1436610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYNN, LOUIS J CEO  
4459 GLEN KERNAN PARKWAY  
JACKSONVILLE, FL 32224 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYNN, LOUIS J CEO  
Address: 4459 GLEN KERNAN PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM  
Name: LYNN, SANDY L PRES  
Address: 4459 GLEN KERNAN PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby 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: SANDY L LYNN

MGRM

01/18/2010

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