


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90102 001 \*1,077.50

<b>DOCUMENT # L04000086309</b>	
1. Entity Name <b>PERFORMANCE FOOTWEAR LLC</b>	

Principal Place of Business <b>460 N ORLANDO AVE SUITE 110 WINTER PARK, FL 32789 US</b>	Mailing Address <b>13700 YORK ROAD UNIT A NORTH ROYALTON, OH 44133 US</b>
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**30010498**

2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>8820 Columbia 100 Pkwy</b>
Suite, Apt. #, etc.	Suite/Apt. #, etc. <b>400</b>
City & State	City & State <b>Columbia MD</b>
Zip	Country <b>US</b>



07142008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1939289</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ROSSI, JOSEPH A 460 N. ORLANDO AVENUE SUITE 110 WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

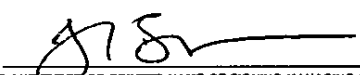
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSI, JOSEPH A 460 N ORLANDO AVE, SUITE 110 WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President James R. Bolduc 8820 Columbia 100 Pkwy Suite 400 Columbia MD 21045 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **7/15/08** **400-889-1960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #