

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089353

FILED
Sep 24, 2008
Secretary of State

Entity Name: C.P. RUDOLPH FOOTWEAR "LLC"

Current Principal Place of Business:

10884 NAPLES CT.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10884 NAPLES CT.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 34-1987886 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRIGGS, PATRICK D
10884 NAPLES CT.
JACKSONVILLE, FL 32218 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRIGGS, PATRICK
Address: 10884 NAPLES CT.
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Delete
Name: WILLIAMS, RUDOLPH
Address: 9744 WATERSHED COURT
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM () Delete
Name: GRIGGS, CHARLESTIENE
Address: 10884 NAPLES CT.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK D GRIGGS

MGRM

09/24/2008

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