

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089784

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** 4 FOOT UP, LLC

**Current Principal Place of Business:**

1200 PLANTATION ISLAND DRIVE  
SUITE 230  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PLANTATION ISLAND DRIVE  
SUITE 230  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-3449329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLATT, BENJAMIN L  
1200 PLANTATION ISLAND DRIVE  
SUITE 230  
SAINT AUGUSTINE, FL 32080 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:** PLATT, BENJAMIN L  
**Address:** 913 SANDY BEACH CIRCLE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080

**Title:** MGRM  
**Name:** WOODARD, CLAYTON E SR  
**Address:** PO BOX 320  
**City-St-Zip:** WHITE SPRINGS, FL 32096

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: BENJAMIN PLATT

MGRM

04/28/2011

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