

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020188

FILED  
Apr 21, 2011  
Secretary of State

Entity Name: 6 FOOTAHS, LLC

**Current Principal Place of Business:**

7021 MONARCH PARK DR.  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26584  
TAMPA, FL 33623 US

**New Mailing Address:**

7021 MONARCH PARK DR.  
APOLLO BEACH, FL 33572 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MADISON, KIMBERLY J  
7021 MONARCH PARK DR  
APOLLO BEACH, FL FL 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: MADISON, KIMBERLY J  
Address: 7021 MONARCH PARK DR  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: MGRM  
Name: PERRY, KAMILAH L  
Address: 7907 LONGWOOD RUN LANE  
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM  
Name: WILLIAMS, MONICA J  
Address: 11410 FLORA SPRINGS DRIVE  
City-St-Zip: RIVERVIEW, FL 33579 US

Title: MGRM  
Name: SHADE, NICOLE  
Address: 2424 W. TAMPA BAY BLVD L-108  
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM  
Name: DEMONBREUN, DESIREE S  
Address: 7907 LONGWOOD RUN LANE  
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM  
Name: WILLIAMS, ERICA K  
Address: 11410 FLORA SPRINGS DRIVE  
City-St-Zip: RIVERVIEW, FL 33579 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: KIMBERLY J. MADISON

MGRM

04/21/2011

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