

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90051 011 ****50.00

DOCUMENT # L06000028294

1. Entity Name
HEART & SOLE, LLC



Principal Place of Business
**700 SANDSPUR RD
MAITLAND, FL 32751**

Mailing Address
**700 SANDSPUR RD
MAITLAND, FL 32751**

30008385



2. Principal Place of Business - No P.O. Box #
**397 E ALAMOSTA DR
Suite, Apt. #, etc.
1470**

3. Mailing Address
Suite, Apt. #, etc.

01232007 Chg-LLC CR2E083 (12/06)

City & State
ALAMOSTA SPRINGS FL
Zip
32701
Country
USA

City & State
Zip
Country

4. FEI Number
20-4557412
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTOS, STACEY M
700 SANDSPUR RD
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 Stacey Bartos STACEY BARTOS Managing Member 5-15-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when renewing.) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BARTOS, STACEY M	700 SANDSPUR RD	MAITLAND, FL 32751	<input type="checkbox"/>
MGRM	BARTOS, ERIC J	700 SANDSPUR RD	MAITLAND, FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Stacey Bartos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-18-07 407-772-2233
Date Daytime Phone #