

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056815

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: SUGARFOOT CREATIONS, LLC

**Current Principal Place of Business:**

189 N.W. GAELIC CT.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

189 N.W. GAELIC CT.  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 20-4591112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAWSON, NICHOLE A  
189 N.W. GAELIC COURT  
LAKE CITY, FL 32055 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: MGR ( ) Delete  
Name: LAWSON, NICHOLE A  
Address: 189 N.W. GAELIC CT.  
City-St-Zip: LAKE CITY, FL 32055

Title: MGR ( ) Delete  
Name: BOONE, MELISSA D  
Address: 174 S.W. MELBA GLENN  
City-St-Zip: LAKE CITY, FL 32024

**ADDITIONS/CHANGES:**

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 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: NICHOLE A. LAWSON

MGR

04/03/2007

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