

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082069

Entity Name: KIDSOLES LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

14578 SW 8TH STREET  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

14578 SW 8TH STREET  
MIAMI, FL 33184 US

**New Mailing Address:**

FEI Number: 20-5401513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOURIE, TAMU A ESQ  
201 SOUTH BISCAYNE BOULEVARD  
2200  
MIAMI, FL 33131 US

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

FOURIE, TAMU A ESQ  
6855 RED ROAD  
500  
CORAL GABLES, FL 33143 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: TAMU FOURIE

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOURIE, ELDRED D  
Address: 14746 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33194 US

Title: MGRM ( ) Delete  
Name: FOURIE, TAMU A ESQ.  
Address: 14746 SW 9TH LANE  
City-St-Zip: MIAMI, FL 33194 US

**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 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: ELDRED FOURIE

MGR

04/14/2009

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