

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90074 014 ***138.75

DOCUMENT # L06000088278 1. Entity Name BAREFOOT INVESTORS LLC					
Principal Place of Business 832 DRIFTWOOD PT. RD. SANTA ROSA BEACH, FL 32459			Mailing Address 832 DRIFTWOOD PT. RD. SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, WILLIAM M 832 DRIFTWOOD PT. RD. SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>William M Smith</i></u> 4/26/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAURIE ANNE DISTRIBUTORS, LLC 832 DRIFTWOOD PT. RD. SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, WILLIAM M TRUSTEE 832 DRIFTWOOD PT. RD. SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, PATRICIA C TRUSTEE 832 DRIFTWOOD PT. RD. SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
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: <u><i>William M Smith</i></u> 4/26/08 850 622 0242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #</small>					