

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047473

Entity Name: FOOTE II, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4643 S. CLYDE MORRIS BLVD, UNIT 304  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

4643 S. CLYDE MORRIS BLVD, UNIT 304  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 20-8991680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FOOTE, JAMES J  
18 PINE VALLEY CIRCLE  
ORMOND BEACH, FL 32174 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  
Name: FOOTE, JAMES J  
Address: 18 PINE VALLEY CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR  
Name: FOOTE, CYNTHIA K  
Address: 18 PINE VALLEY CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR  
Name: SENATRO, TIMOTHY J  
Address: 1810 TAYLOR ROAD  
City-St-Zip: PORT ORANGE, FL 32128 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: JAMES FOOTE

MGR

03/31/2010

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