

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060902

Entity Name: SQUARE FEET, LLC

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

3836 ORLANDO DR  
SANFORD, FL 32773

**New Principal Place of Business:**

3832 S ORLANDO DR  
SANFORD, FL 32773

**Current Mailing Address:**

3836 ORLANDO DR  
SANFORD, FL 32773

**New Mailing Address:**

437 WOLDUNN CIR  
LAKE MARY, FL 32746

FEI Number: 26-0336957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SILLERICO, ERWIN S VP  
437 WOLDUNN CIR  
LAKE MARY, FL 32746 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: MGRM ( ) Delete  
Name: INDUSTRIAS Y COMERCI, O REAL SUPERME R CADO LT  
Address: AV. OQUENDO NO. 630  
City-St-Zip: TORRES SOFER, COCHABAMBA, ,, BOLIVIA

Title: VP ( ) Delete  
Name: SILLERICO, ERWIN S VP  
Address: 437 WOLDUNN CIR  
City-St-Zip: LAKE MARY, FL 32746 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: ERWIN S SILLERICO

VP

01/08/2009

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