

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90026 002 ***538.75

DOCUMENT # L07000087760

1. Entity Name
PERFORMANCE FOOTWEAR IV, LLC



Principal Place of Business
**460 N. ORLANDO AVENUE
SUITE 110
WINTER PARK, FL 32789**

Mailing Address
**460 N. ORLANDO AVENUE
SUITE 110
WINTER PARK, FL 32789**

50008780

2. Principal Place of Business - No P.O. Box #
2270 Towncenter Ave

3. Mailing Address
8820 Columbia 100 Pkwy

Suite, Apt. #, etc.
#107

Suite, Apt. #, etc.
460

City & State
Melbourne FL

City & State
Columbia MD

Zip
32940

Country
US

Zip
21045

Country
US

07162008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0793066

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PERFORMANCE SPORTS, LLC
460 N. ORLANDO AVENUE
SUITE 110
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERFORMANCE SPORTS, LLC 460 N. ORLANDO AVENUE, SUITE 110 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James R Baker 8820 Columbia 100 Pkwy Suite 400 Columbia MD 21045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **7/16/08** Daytime Phone # **410-894-1960**