

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112136

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: FOR FOOTED FRIENDS, LLC

**Current Principal Place of Business:**

13020 LIVINGSTON RD  
SUITE # 7  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

13020 LIVINGSTON RD  
SUITE # 7  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 26-1406782      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCARISBRICK, ROSEMARIE  
1968 PICCADILLY CIRCUS  
NAPLES, FL 34112 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: SCARISBRICK, ROSEMARIE  
Address: 1968 PICCADILLY CIRCUS  
City-St-Zip: NAPLES, FL 34112

Title: MGRM ( ) Delete  
Name: ROSSAND, JANET  
Address: 3241 12TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: MGRM ( ) Delete  
Name: BRIX, ERIC  
Address: 3241 12TH AVE NE  
City-St-Zip: NAPLES, FL 34120

Title: MGRM ( ) Delete  
Name: SCARISBRICK, DANIEL  
Address: 1968 PICCADILLY CIRCUS  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANET ROSSANO

MGRM

01/30/2009

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