

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066195

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: NOT YOUR TYPICAL SHOE, L.L.C.

**Current Principal Place of Business:**

1803 W. NORTH STREET  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 152044  
TAMPA, FL 33684

**New Mailing Address:**

FEI Number: 26-2907442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRANT, STEPHANIE L  
3377 W. HIDDEN HAVEN CT.  
TAMPA, FL 33607 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: ROBINSON, YVONNE G.  
Address: 10200 NORTH ARMENIA AVE. #207  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: MITCHELL, NANCY  
Address: 10423 OAKBROOK DR.  
City-St-Zip: TAMPA, FL 33618

Title: MGRM ( ) Delete  
Name: MILLER-FRANKS, ELAINE  
Address: 1803 W. NORTH STREET  
City-St-Zip: TAMPA, FL 33604

**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:

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: YVONNE G ROBINSON

MS.

04/27/2009

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