

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068703

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** SANDY FEET SERVICES, LLC

**Current Principal Place of Business:**

280 EDGEWOOD TERRACE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

1994 S. COUNTY HWY 83  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

280 EDGEWOOD TERRACE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 26-3815687      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ADAMS, KIMBERLY D  
280 EDGEWOOD TERRACE  
SANTA ROSA BEACH, FL 32459      US

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

ADAMS, KIMBERLY D  
1994 S. COUNTY HWY 83  
SANTA ROSA BEACH, FL 32459      US

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: KIMBERLY D ADAMS

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            ADAMS, KIMBERLY D  
Address:        280 EDGEWOOD TERRACE  
City-St-Zip:    SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            ADAMS, KIMBERLY D  
Address:        1994 S. COUNTY HWY 83  
City-St-Zip:    SANTA ROSA BEACH, FL 32459 US

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: KIMBERLY D ADAMS

MGR

04/23/2009

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