

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021018

Entity Name: EMMJAC SHOE XSPRESS,LLC

**FILED**  
**May 02, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

3615 DUPONT AVE  
STE 500  
JACKSONVILLE, F 32217

## **New Principal Place of Business:**

1821 PARENTAL HOME ROAD  
STE 14  
JACKSONVILLE, F 32216

## **Current Mailing Address:**

3615 DUPONT AVE  
STE 500  
JACKSONVILLE, F 32217

## **New Mailing Address:**

1821 PARENTAL HOME ROAD  
STE 14  
JACKSONVILLE, F 32216

FEI Number: 26-4268096      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JIMENEZ, PAMELA J OWNER  
1673 HAWKINS COVE DR E  
JACKSONVILLE, FL 32246      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: MGR  
Name: JIMENEZ, PAMELA J  
Address: 1673 HAWKINS COVE DR E  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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: PAMELA JIMENEZ

MGR

05/02/2010

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