

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064658

Entity Name: SNAP SOCKS, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3152 LITTLE RD  
SUITE 130  
TRINITY, FL 34655

**New Principal Place of Business:**

16603 HUTCHISON RD  
ODESSA, FL 33556

**Current Mailing Address:**

3152 LITTLE RD  
SUITE 130  
TRINITY, FL 34655

**New Mailing Address:**

10709 PONTOFINO CIRCLE  
TRINITY, FL 34655

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WALWORTH, JIMMY H  
10709 PONTOFINO CIRCLE  
TRINITY, FL 34655 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  
Name: JNS PARTNERS, INC  
Address: 10709 PONTOFINO CIRCLE  
City-St-Zip: TRINITY, FL 34655

Title: MGR  
Name: WALWORTH, JIMMY H  
Address: 10709 PONTOFINO CIRCLE  
City-St-Zip: TRINITY, FL 34655

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: JIMMY H WALWORTH

MGR

04/28/2011

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