

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002741 AF

DOCUMENT # M95000090243

1. Entity Name
LC FOOTWEAR, L.L.C., LIMITED COMPANY

01 MAY -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% WILLIAM PRESCOTT
6622 SOUTHPOINT DR. SO., STE. 200
JACKSONVILLE FL 32216

Mailing Address
% WILLIAM PRESCOTT
6622 SOUTHPOINT DR. SO., STE. 200
JACKSONVILLE FL 32216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3318322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LC FOOTWEAR, INC.
6622 SOUTHPOINT DRIVE SOUTH, SUITE 200
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

8000004302888--7
-05/23/01--01104--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
LC FOOTWEAR, INC.
% J WAYNE WEAVER, 6622 SOUTHPOINT DRIVE SO
JACKSONVILLE FL 32216

☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

William R. Thompson

1-16-2001

904-281-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)