

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90350 009 ****50.00

DOCUMENT # M95000000243

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



Principal Place of Business Mailing Address
6622 SOUTHPOINT DR. SO., STE. 200 6622 SOUTHPOINT DR. SO., STE. 200
JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

24036592



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

03232004 Chg-LLC CR2E083 (10/03)

City & State City & State
Zip Country Zip Country

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LC FOOTWEAR, INC. ☐ Delete
STREET ADDRESS % J WAYNE WEAVER, 6622 SOUTHPOINT DRIVE SO
CITY-ST-ZIP JACKSONVILLE, FL 32216

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

3-24-04

(904) 296-0085

Date Daytime Phone #