2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2016
Secretary of State
CC9301726579

DOCUMENT# L06000020188

Entity Name: 6 FOOTAHS, LLC

Current Principal Place of Business:

1802 N HOWARD AVE
SUITE 4986
TAMPA, FL 33677

Current Mailing Address:

1802 N HOWARD AVE
C/O N SHADE SUITE 4986
TAMPA, FL 33677 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHADE, NICOLE D
1802 N HOWARD AVE
C/O N SHADE SUITE 4986
TAMPA, FL 33677 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: NICOLE D SHADE 05/01/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	MADISON, KIMBERLY J	Name	PERRY, KAMILAH L
Address	111 N 12TH ST UNIT 1709	Address	7907 LONGWOOD RUN LANE
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33615
Title	MGRM	Title	MGRM
Name	WILLIAMS, MONICA J	Name	SHADE, NICOLE
Address	11410 FLORA SPRINGS DRIVE	Address	PO BOX 4986
City-State-Zip:	RIVERVIEW FL 33579	City-State-Zip:	TAMPA FL 33677
Title	MGRM	Title	MGRM
Name	DEMONBREUN, DESIREE S	Name	WILLIAMS, ERICA K
Address	7907 LONGWOOD RUN LANE	Address	11410 FLORA SPRINGS DRIVE
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	RIVERVIEW FL 33579

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLE SHADE MGMR 05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date