

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020188

Entity Name: 6 FOOTAHS, LLC

Current Principal Place of Business:

111 N 12TH ST
1709
TAMPA, FL 33602

Current Mailing Address:

PO BOX 4986
C/O N SHADE
TAMPA, FL 33677 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MADISON, KIMBERLY J
111 N 12TH ST
1709
TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	MADISON, KIMBERLY J
Address	111 N 12TH ST UNIT 1709
City-State-Zip:	TAMPA FL 33602
Title	MGRM
Name	WILLIAMS, MONICA J
Address	11410 FLORA SPRINGS DRIVE
City-State-Zip:	RIVERVIEW FL 33579
Title	MGRM
Name	DEMONBREUN, DESIREE S
Address	7907 LONGWOOD RUN LANE
City-State-Zip:	TAMPA FL 33615

Title	MGRM
Name	PERRY, KAMILAH L
Address	7907 LONGWOOD RUN LANE
City-State-Zip:	TAMPA FL 33615
Title	MGRM
Name	SHADE, NICOLE
Address	PO BOX 4986
City-State-Zip:	TAMPA FL 33677
Title	MGRM
Name	WILLIAMS, ERICA K
Address	11410 FLORA SPRINGS DRIVE
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

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date