


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000011357**

1. Entity Name  
6 P'S, LLC




**FILED**  
08 APR 21 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4178 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311

Mailing Address  
4178 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number **65-1302957**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

PETRANDIS, JOHNNY (SR)  
4178 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311

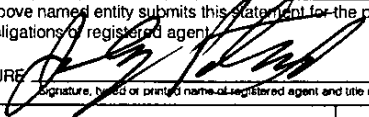
**7. Name and Address of New Registered Agent**

Name *Remove "SR."*

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  (NOTE: Registered Agent signature required when reinstating) DATE **4-11-08**

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>
---	--	--

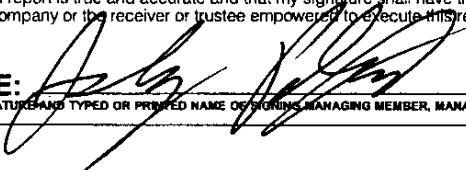
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PETRANDIS, JOHNNY (SR)	
STREET ADDRESS	4178 APALACHEE PARKWAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	Petrandis, Johnny (remove "SR")	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900124811739	
CITY-ST-ZIP	04/21/08--01007--014 **138.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4-11-08** DAYTIME PHONE #: **(850) 656-2777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #