

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061591

FILED
Apr 26, 2007
Secretary of State

Entity Name: CODY CRIPE LLC

Current Principal Place of Business:

45 BEGONIA ST
406
EASTPOINT, FL 32328

New Principal Place of Business:

199 CURTIS MILL ROAD
SOPCHOPPY, FL 32358

Current Mailing Address:

PO BOX 162
EASTPOINT, FL 32328

New Mailing Address:

P.O. BOX 253
SOPCHOPPY, FL 32358

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRIPE, CODY
45 BEGONIA ST
406
EASTPOINT, FL 32328 US

Name and Address of New Registered Agent:

CRIPE, CODY
199 CURTIS MILL ROAD
SOPCHOPPY, FL 32358 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: _____ 04/26/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRIPE, CODY
Address: 45 BEGONIA ST APT 406
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRIPE, CODY
Address: P.O. BOX 253
City-St-Zip: SOPCHOPPY, FL 32358

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CODY CRIPE MGRM 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date