

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029642

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** THE DEAD BY FRIDAY COMPANY LLC

**Current Principal Place of Business:**

3129 WIMBELDON DR.  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

3129 WIMBELDON DR.  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 35-2379419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODRUFF, AL  
3129 WIMBELDON DR.  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WOODRUFF, AL  
**Address:** 3129 WIMBELDON DR.  
**City-St-Zip:** LAKE MARY, FL 32746

**Title:** MGRM  
**Name:** LA MONTE, RICHARD  
**Address:** 4388 LAKE UNDERHILL RD.  
**City-St-Zip:** ORLANDO, FL 32803

**Title:** MGRM  
**Name:** BYRNES, HUGH J  
**Address:** 2405 ALAQUA DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

I hereby 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: HUGH BYRNES

MGR

04/22/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date