

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000109976

Entity Name: CUPCAKE CRAZY TAMPA, LLC

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

5297 MAXON TERRACE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

11127 N DALE MABRY HWY  
TAMPA, FL 33618 US

**Current Mailing Address:**

5297 MAXON TERRACE  
SANFORD, FL 32771 US

**New Mailing Address:**

10806 SIERRA VISTA PLACE  
TAMPA, FL 33626 US

FEI Number: 27-4141344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOVERN, LETICIA C  
5297 MAXON TERRACE  
SANFORD, FL 32771 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: STOVERN, LETICIA C  
Address: 5297 MAXON TERRACE  
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM  
Name: STOVERN, SCOTT A  
Address: 10806 SIERRA VISTA PLACE  
City-St-Zip: TAMPA, FL 33626 US

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: SCOTT STOVERN

VP

04/21/2011

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