2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/11/2007-90035-026-$50.00-$50.00

DOCUMENT # L04000076369

1. Entity Name
PSYCHEDELIC SHACK, LLC

FILED
07 OCT 10 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 20908 TALLAHASSEE, FL 32316	P.O. BOX 20908 TALLAHASSEE, FL 32316

05292007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
P.O. Box 20908	P.O. Box 20908
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee Fl	City & State: Tallahassee Fl
Zip: 32316 Country: U.S.	Zip: 32316 Country: U.S.

4. FEI Number: 20-1800609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, KENNETH
~~410 CHRISTIAN LOOP~~
~~HAVANA, FL 32333~~

7. Name and Address of New Registered Agent

Name: Kenneth Jones
Street Address (P.O. Box Number is Not Acceptable): 410 Christian Loop
City: Havana FL Zip Code: 32333

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 [signature] 7-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, KENNETH P.O. BOX 20908 TALLAHASSEE, FL 32316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT

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: [signature] 7-9-07 850-510-6177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #