

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000243

Entity Name: SNAPTOYS LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

6555 POWERLINE ROAD  
STE 113  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6555 POWERLINE ROAD  
STE 113  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 04-3585700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, PEDRO A  
2333 PONCE DE LEON BLVD  
SUITE 302  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: VENEGAS, RICARDO  
Address: 809 SE 5 CT  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: VENEGAS, ITZAMAR C  
Address: 809 SE 5 CT  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T ( ) Delete  
Name: BLANCHARD, KEVIN C  
Address: 9625 NW 52 MANOR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S ( ) Delete  
Name: MOLDER, RACHEL E  
Address: 2009 BELMONT LANE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN BLANCHARD

T

01/14/2009

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