

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000096419

Entity Name: ANOTTER BAD CREATION, L.L.C.

Current Principal Place of Business:

HC61 BOX E8000
OCHOPEE, FL 34141

Current Mailing Address:

HC61 BOX E8000
OCHOPEE, FL 34141 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WEST, RAEANN
HC61 BOX E8000
OCHOPEE, FL 34141 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WEST, RAEANN
Address HC61 BOX E8000
City-State-Zip: OCHOPEE FL 34141

Title AUTHORIZED REPRESENTATIVE,
LICENSED MASSAGE THERAPIST
Name BILLIE, LAYLA J
Address HC61 BOX E8000
City-State-Zip: OCHOPEE FL 34141

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAEANN WEST

MANAGER

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date