


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000003395 1. Entity Name SUZY'S CAKES, L.L.C.	
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Principal Place of Business 5353 FAWN WOODS COURT SANFORD, FL 32771	Mailing Address 5353 FAWN WOODS COURT SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



04282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3699812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOCAY, SUSAN K 5353 FAWN WOODS COURT SANFORD, FL 32771

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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.

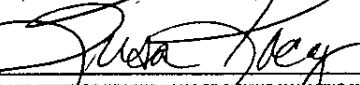
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000941892 05/28/08-80122-024 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOCAY, SUSAN 5353 FAWN WOODS CT SANFORD, FL 32771
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11. I hereby certify that the information submitted 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4/28/08</u> Daytime Phone # _____
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