

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021672

FILED
Apr 30, 2008
Secretary of State

Entity Name: STIRRIN' IT UP, LLC

Current Principal Place of Business:

105 SOUTH NARCISSUS AVENUE
SUITE 512
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2829 EMBASSY DRIVE
WEST PALM BEACH, FL 33401

Current Mailing Address:

105 SOUTH NARCISSUS AVENUE
SUITE 512
WEST PALM BEACH, FL 33401

New Mailing Address:

2829 EMBASSY DRIVE
WEST PALM BEACH, FL 33401

FEI Number: 20-1173969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL-BRIDGEMAN, ANITA K
105 SOUTH NARCISSUS AVENUE
SUITE 512
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

MITCHELL-BRIDGEMAN, ANITA K
2829 EMBASSY DRIVE
WEST PALM BEACH, FL 33401 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: ANITA K MITCHELL-BRIDGEMAN

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MITCHELL-BRIDGEMAN, ANITA K MGRM
Address: 105 SOUTH NARCISSUS AVENUE #512
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MITCHELL-BRIDGEMAN, ANITA K MGRM
Address: 2829 EMBASSY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

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: ANITA K MITCHELL-BRIDGEMAN

MGRM

04/30/2008

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