

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025120

FILED
Mar 20, 2009
Secretary of State

Entity Name: EXPREZITI! CONVENIENCE STORES 99-FLORIDA, LLC

Current Principal Place of Business:

348 MIRCLE STRIP PKWY
SUITE 26
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

548 MARY ESTHER CUTOFF
PMB #286
FORT WALTON BEACH, FL 32548

Current Mailing Address:

348 MIRCLE STRIP PKWY
SUITE 26
FORT WALTON BEACH, FL 32548

New Mailing Address:

548 MARY ESTHER CUTOFF
PMB #286
FORT WALTON BEACH, FL 32548

FEI Number: 57-1145180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, TROY D
588 RADIANT CIRCLE
MARY ESTHER, FL 32569 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: MGRM () Delete
Name: FRIEDERICH, JAN
Address: 588 RADIANT CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

Title: MGRM () Delete
Name: SEYMOUR, TROY
Address: 588 RADIANT CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES:

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: TROY D. SEYMOUR

MGRM

03/20/2009

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