

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008350

Entity Name: HUPP RETAIL GANDY, LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

635 COURT ST  
SUITE 201  
CLEARWATER, FL 33756

## Current Mailing Address:

907 SOUTH FT. HARRISON AVE  
SUITE 102  
CLEARWATER, FL 33756

## New Principal Place of Business:

907 S. FT. HARRISON AVENUE  
SUITE 102  
CLEARWATER, FL 33756

## New Mailing Address:

907 S. FT. HARRISON AVENUE  
SUITE 102  
CLEARWATER, FL 33756

FEI Number: 51-0447935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUPP, ANDREW  
907 SOUTH FT. HARRISON AVE  
SUITE 102  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

HUPP, ANDREW J  
907 SOUTH FT. HARRISON AVE  
SUITE 102  
CLEARWATER, FL 33756 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: ANDREW J. HUPP

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HUPP, ANDREW  
Address: 907 SOUTH FT. HARRISON AVE SUITE 102  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HUPP, ANDREW J  
Address: 907 SOUTH FT. HARRISON AVE SUITE 102  
City-St-Zip: CLEARWATER, FL 33756

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: ANDREW J. HUPP

MGR

04/15/2009

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