

FILED

May 01, 2006 08:00 AM
Secretary of State**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****DOCUMENT # L03000010259**1. Entity Name
STICK-IT-SPIGOT "LLC."

Principal Place of Business

**6602 EMIL AV
COCOA, FL 32927 US**

Mailing Address

**6602 EMIL AV
COCOA, FL 32927 US****DO NOT WRITE IN THIS SPACE**

03232008No Chg-LLC

CRZE083 (11/05)

4. FEI Number
56-2334242Applied For
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PADRICK, THOMAS A
6602 EMIL AV
COCOA, FL 32927****DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and the Registered Agent

NOTE: Registered Agent signature required when recording

DATE

**Filing Fee is \$50.00
Due by May 1, 2006****U000000550733
05/13/06-80072-020 50.00**9. **MANAGING MEMBERS/MANAGERS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGM
PADRICK, THOMAS A
6602 EMIL AVENUE
COCOA, FL 32927**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 125, 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 605, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4-27-06**321-433-1197**

DATE

City/PA Phone *