

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010259

Entity Name: STICK-IT-SPIGOT "L.L.C."

FILED  
Sep 10, 2008  
Secretary of State

## Current Principal Place of Business:

6855 TICO ROAD  
UNIT 4  
TITUSVILLE, FL 327808000 US

## New Principal Place of Business:

6602 EMIL AVENUE  
COCOA, FL 32927 US

## Current Mailing Address:

6855 TICO ROAD  
UNIT 4  
TITUSVILLE, FL 327808000 US

## New Mailing Address:

6602 EMIL AVENUE  
COCOA, FL 32927 US

FEI Number: 56-2334242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PADRICK, THOMAS A  
6602 EMIL AV  
COCOA, FL 32927 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: PADRICK, THOMAS A  
Address: 6602 EMIL AVENUE  
City-St-Zip: COCOA, FL 32927 US

Title: MGRM (X) Delete  
Name: PADRICK, ROY C  
Address: 6602 EMIL AVENUE  
City-St-Zip: COCOA, FL 32927 US

## 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: THOMAS A. PADRICK

MGRM

09/10/2008

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