2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008
Secretary of State

DOCUMENT# L04000012699

Entity Name: THE LAST WORD LLC

Current Principal Place of Business:

6353 FITZ LN
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

6353 FITZ LN
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 81-0645534 **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:

LILLY, JOANNA L
6353 FITZ LN
TALLAHASSEE, FL 32311 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: LILLY, JOANNA L
Address: 6353 FITZ LN
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MS ( ) Change (X) Addition
Name: LILLY, KRISTIN L
Address: 2486 NUGGET LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: MS ( ) Change (X) Addition
Name: LILLY, COURTNEY J
Address: 6353 FITZ LN
City-St-Zip: TALLAHASSEE, FL 32311

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: JOANNA L. LILLY MGRM 06/20/2008

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