

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Mar 04, 2008  
Secretary of State

DOCUMENT# L04000014663

Entity Name: ALPHABET SOUP, LLC

**Current Principal Place of Business:**

1609 S. DIXIE HWY.  
STE. 3  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

701 SOUTH ROSEMARY AVE  
STE 157  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1609 S. DIXIE HWY.  
STE. 3  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

701 SOUTH ROSEMARY AVE  
STE 157  
WEST PALM BEACH, FL 33401

FEI Number: 34-1982919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNETT, CHARLES D  
8412 NATIVE DANCER ROAD  
PALM BEACH GARDENS, FL 33418 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: VAN DER POEL, SABRA K  
Address: 7301 WEST LAKE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: KIRKPATRICK, KELLY R  
Address: 7800 WEST LAKE DR.  
City-St-Zip: WEST PALM BEACH, FL 33406

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: SABRA VAN DER POEL

MGRM

03/04/2008

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