

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014663

Entity Name: ALPHABET SOUP, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

340 ROYAL POINCIANA WAY
STE 307
PALM BEACH, FL 33480

New Mailing Address:

340 ROYAL POINCIANA WAY
STE 307
PALM BEACH, FL 33480

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLATT, KELLY K OWNER
Address: 7800 WEST LAKE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

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: KELLY KIRKPATRICK PLATT

MGRM

03/20/2009

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