

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022705

Entity Name: MAMMIE'S BEST LLC

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

6383 NW REGAL CIRCLE  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

6383 NW REGAL CIRCLE  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

FEI Number: 20-2729418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 US

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

RICHARDSON, WALTER S MGRM  
6383 NW REGAL CIRCLE  
PORT ST. LUCIE, FL 34983 US

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: WALTER S. RICHARDSON

04/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHARDSON, WALTER S  
Address: 6383 NW REGAL CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: MGRM ( ) Delete  
Name: RICHARDSON, CHRISTINE S  
Address: 6383 NW REGAL CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 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 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: CHRISTINE S. RICHARDSON

MGRM

04/20/2007

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