

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022705

Entity Name: MAMMIE'S BEST LLC

FILED  
Apr 07, 2008  
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 (X)

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

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

MGRM

04/07/2008

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