

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038597

FILED
Apr 29, 2009
Secretary of State

Entity Name: ANGRY FLOYD PRODUCTIONS, LLC

Current Principal Place of Business:

1850 PORTER LAKE DRIVE, SUITE 104
SARASOTA, FL 34240

New Principal Place of Business:

1546 RACIMO DRIVE
SARASOTA, FL 34240

Current Mailing Address:

1850 PORTER LAKE DRIVE, SUITE 104
SARASOTA, FL 34240

New Mailing Address:

1546 RACIMO DRIVE
SARASOTA, FL 34240

FEI Number: 20-1204028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, ROBIN
1850 PORTER LAKE DRIVE
UNIT 104
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

KING, ROBIN
1546 RACIMO DRIVE
SARASOTA, FL 34240 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: _____

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KING, AARON D
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: KING, ROBIN
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KING, AARON D
Address: 1546 RACIMO DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: MGR (X) Change () Addition
Name: KING, ROBIN
Address: 1546 RACIMO DRIVE
City-St-Zip: SARASOTA, FL 34240

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: ROBIN R. KING

MGRM

04/29/2009

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