

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046311

FILED
Apr 12, 2008
Secretary of State

Entity Name: CHANGING LIVES INDEFINITELY THRU F.O.G., LLC

Current Principal Place of Business:

2728 WOODRING DR
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

1550 MCMULLEN BOOTH RD. F-3
#632
CLEARWATER, FL 33759

New Mailing Address:

2728 WOODRING DR.
CLEARWATER, FL 33759

FEI Number: 11-3741175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTIPHER, CONNIE K
1550 MCMULLEN BOOTH RD., F-3
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

MUSTIPHER, CONNIE K
2728 WOODRING DR.
CLEARWATER, FL 33759 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:

04/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: MUSTIPHER, CONNIE
Address: 2728 WOODRING DR.
City-St-Zip: CLEARWATER, FL 33759

Title: V.P. () Delete
Name: SHERRILL, WILLIAMS
Address: 2728 WOODRING DR.
City-St-Zip: CLEARWATER, FL 33759

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: CONNIE K. MUSTIPHER

PRES

04/12/2008

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