

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066494

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** CRYBABY MATERNITY LLC

**Current Principal Place of Business:**

500 TRINITY LANE #7211  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

10502 BRENTFORD DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

6635 MATTS MEADOW BEND  
CUMMING, GA 30028

**New Mailing Address:**

**FEI Number:** 34-2016282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PASCUAL, JOSELITO M  
500 TRINITY LANE #7211  
SAINT PETERSBURG, FL 33716 US

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

PASCUAL, JOSELITO M  
10502 BRENTFORD DRIVE  
TAMPA, FL 33626 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:

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PASCUAL, JENNIFER L  
Address: 6635 MATTS MEADOW BEND  
City-St-Zip: CUMMING, GA 30028

**ADDITIONS/CHANGES:**

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: JENNIFER L. PASCUAL

MGR

04/22/2009

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