

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90253 012 ****50.00

DOCUMENT # L04000074752

1. Entity Name
EIGHT CRAZY CHICKS LLC



Principal Place of Business 5840 RED BUG LAKE ROAD PMB#290 WINTER SPRINGS, FL 32708 US	Mailing Address 5840 RED BUG LAKE ROAD PMB#290 WINTER SPRINGS, FL 32708 US
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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1750805

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PURSLEY, ANNETTE D
735 SYBILWOOD CIRCLE
WINTER SPRINGS, FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BROCK, DEBBIE	
STREET ADDRESS	61 TARPON SPRINGS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, GEORGIA	
STREET ADDRESS	667 TUSCORA DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUTTERFIELD, KELLY	
STREET ADDRESS	1124 PHEASANT CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURSLEY, ANNETTE	
STREET ADDRESS	735 SYBILWOOD CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUSHEY, VICKY	
STREET ADDRESS	688 VISTAWILLA DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASLOW, SHARON	
STREET ADDRESS	227 HUNTRIDGE WAY	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1067 BLACK ACRE TRAIL	
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KUMMER, KERRY	
STREET ADDRESS	683 CHEOY LEE CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LABRECHE, BETH	
STREET ADDRESS	866 GAZELLE TRAIL	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ann D. Pursey
5/1/07

402-629-1300 X13
Daytime Phone #