2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L04000074752

Entity Name: EIGHT CRAZY CHICKS LLC

Current Principal Place of Business:

5840 RED BUG LAKE ROAD
PMB#290
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

5840 RED BUG LAKE ROAD
PMB#290
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 20-1750805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PURSLEY, ANNETTE D
735 SYBILWOOD CIRCLE
WINTER SPRINGS, FL 32708 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:	BROCK, DEBBIE	
Address:	61 TARPON SPRINGS	
City-St-Zip:	WINTER SPRINGS, FL 32708 US	
Title:	MGRM	( ) Delete
Name:	BUTTERFIELD, KELLY	
Address:	1124 PHEASANT CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708 US	
Title:	MGRM	( ) Delete
Name:	BUSHEY, VICKY	
Address:	688 VISTAWILLA DRIVE	
City-St-Zip:	WINTER SPRINGS, FL 32708 US	
Title:	MGRM	( ) Delete
Name:	CASLOW, SHARON	
Address:	1067 BLACK ACRETRAIL	
City-St-Zip:	WINTER SPRINGS, FL 32708 US	
Title:	MGRM	( ) Delete
Name:	KUMMER, KERRY	
Address:	683 CHEOY LEE CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708 US	
Title:	MGRM	( ) Delete
Name:	LABRECHE, BETH	
Address:	866 GAZELLE TRAIL	
City-St-Zip:	WINTER SPRINGS, FL 32708 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ANNETTE D PURSLEY MEMB 05/01/2009

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