

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000076369

1. Entity Name
PSYCHEDELIC SHACK, LLC



Principal Place of Business
P.O. BOX 20908
TALLAHASSEE, FL 32316

Mailing Address
P.O. BOX 20908
TALLAHASSEE, FL 32316

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1800609

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, KENNETH
410 CHRISTIAN LOOP
HAVANA, FL 32333

DO NOT WRITE
IN THIS SPACE

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 renewing)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
JONES, KENNETH
P.O. BOX 20908
TALLAHASSEE, FL 32316

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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U000000959879
09/18/08-80004-003 143.75

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IN THIS SPACE

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]

9-13-08

850-520-6117

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

Date

Daytime Phone #