2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L04000076423

Entity Name: SCOOPS OF PARADISE, LLC

Current Principal Place of Business:

11000 TERMINAL ACCESS ROAD
SUITE #8630
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11000 TERMINAL ACCESS ROAD
SUITE # 8630
FORT MYERS, FL 33913

New Mailing Address:

11000 TERMINAL ACCESS ROAD
SUITE #8630
FORT MYERS, FL 33913

FEI Number: 51-0526361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, STEPHANIE
17431 STERLING LAKE DRIVE
FORT MYERS, FL 33967 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: THARP, VICTORIA E
Address: 355 RENOIR DRIVE
City-St-Zip: OSPREY, FL 34229

Title: MGRM ( ) Delete
Name: HALL, STEPHANIE L
Address: 17431 STERLING LAKE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM (X) Delete
Name: HALL, KENNETH E
Address: 17431 STERLING LAKE ROAD
City-St-Zip: FORT MYERS, FL 33912

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:

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: STEPHANIE HALL V.P. 04/01/2009

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