


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000082513</b> 1. Entity Name <b>CANDY PLACE, LLC</b>	
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Principal Place of Business <b>1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952</b>	Mailing Address <b>1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952</b>
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-2122095</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BETTS, STEVEN A 1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BETTS, STEVEN A 1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RICCARD-BETTS, LORRAINE 1529 S.E. MARIANA ROAD PORT ST. LUCIE, FL 34952</b>
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01/09/08-80050-010 138.75

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1/4/08</b> <small>Date</small>	<b>772-337-0499</b> <small>Daytime Phone #</small>
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