


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 03-07-2008 90227 029 ***138.00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 L04000091759

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DOCUMENT # L04000091759
 1. Entity Name
 STICKY BOTTOM, L.L.C.



Principal Place of Business 22 RICHMOND AVE NEW SMYRNA BEACH, FL 32169	Mailing Address P.O. BOX 220 NEW SMYRNA BEACH, FL 32170
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02282008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1934806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
 DISBROW, BRYAN J
 4707 S ATL AVE
 NEW SMYRNA BEACH, FL 32169

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	MGR DISBROW, BRYAN J 22 RICHMOND AVE NEW SMYRNA BEACH, FL 32169
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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.

SIGNATURE: Bryan J Disbrow 2/29/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #