

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000003893**

1. Entity Name  
**STRICKLAND CANDY, LLC**



Principal Place of Business

**216 REDFISH CREEK DRIVE  
ST. AUGUSTINE, FL 32095**

Mailing Address

**216 REDFISH CREEK DRIVE  
ST. AUGUSTINE, FL 32095**



01182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2142256**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STRICKLAND, TARA  
216 REDFISH CREEK DRIVE  
ST. AUGUSTINE, FL 32095**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	STRICKLAND, TARA MRS.
STREET ADDRESS	216 REDFISH CREEK DRIVE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095

TITLE	
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U00000789947  
01/23/08-80012-024 138.75

**DO NOT WRITE  
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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*TARA STRICKLAND*