2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011309

Entity Name: SUDDA, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
313 PINE BLUFF DRIVE LUTZ, FL 33549	

Current Mailing Address:	**New Mailing Address:**
313 PINE BLUFF DRIVE LUTZ, FL 33549	

FEI Number: 65-1241943   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PULLER, WILLIAM M 313 PINE BLUFF DRIVE LUTZ, FL 33549 US	

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: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	PULLER, WILLIAM	Name:		
Address:	313 PINE BLUFF DRIVE	Address:		
City-St-Zip:	LUTZ, FL 33549	City-St-Zip:		
Title:	MGR ( ) Delete	Title:		( ) Change ( ) Addition
Name:	PULLER, SHIRLEY	Name:		
Address:	313 PINE BLUFF DRIVE	Address:		
City-St-Zip:	LUTZ, FL 33549	City-St-Zip:		
Title:	S ( ) Delete	Title:		( ) Change ( ) Addition
Name:	PULLER, SHIRLEY	Name:		
Address:	313 PINE BLUFF DRIVE	Address:		
City-St-Zip:	LUTZ, FL 33549	City-St-Zip:		
Title:	T ( ) Delete	Title:		( ) Change ( ) Addition
Name:	PULLER, WILLIAM	Name:		
Address:	313 PINE BLUFF DRIVE	Address:		
City-St-Zip:	LUTZ, FL 33549	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: WILLIAM M PULLER   MR   01/16/2008
_____
            Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date