

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011309

Entity Name: SUDDA, LLC

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

313 PINE BLUFF DRIVE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

313 PINE BLUFF DRIVE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 65-1241943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PULLER, WILLIAM M
313 PINE BLUFF DRIVE
LUTZ, FL 33549 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: MGR () Delete
Name: PULLER, WILLIAM
Address: 313 PINE BLUFF DRIVE
City-St-Zip: LUTZ, FL 33549

Title: MGR () Delete
Name: PULLER, SHIRLEY
Address: 313 PINE BLUFF DRIVE
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: PULLER, SHIRLEY
Address: 313 PINE BLUFF DRIVE
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: PULLER, WILLIAM
Address: 313 PINE BLUFF DRIVE
City-St-Zip: LUTZ, FL 33549

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:

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: WILLIAM PULLER

MGR

02/19/2009

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