

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014393

FILED
Aug 04, 2007
Secretary of State

Entity Name: CHRISTINE ANN CUPP, LLC

Current Principal Place of Business:

623 W. PALM VALLEY DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

14318 MARLIN AVE
PORT CHARLOTTE, FL 33953

Current Mailing Address:

623 W. PALM VALLEY DR.
OVIEDO, FL 32765

New Mailing Address:

14318 MARLIN AVE
PORT CHARLOTTE, FL 33953

FEI Number: 20-2313242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SKOKOS, PETER Z
1819 MAIN STREET STE 610
SARASOTA, FL 34236 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: MGRM () Delete
Name: CUPP, CHRISTINE ANN
Address: 623 W. PALM VALLEY DR.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUPP, CHRISTINE A
Address: 14318 MARLIN AVE
City-St-Zip: PORT CHARLOTTE, FL 33953

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: CHRISTINE A CUPP

MGRM

08/04/2007

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