

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025492

Entity Name: RUNNING FUNKY LLC

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

13713 WEeping WILLOW WAY
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

2849 BLACKBERRY
MIDDLEBURG, FL 32068 US

Current Mailing Address:

13713 WEeping WILLOW WAY
JACKSONVILLE, FL 32224 US

New Mailing Address:

2849 BLACKBERRY
MIDDLEBURG, FL 32068 US

FEI Number: 20-2508984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, BETHANN B
13713 WEeping WILLOW WAY
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

POWERS, BETHANN B
2849 BLACKBERRY
MIDDLEBURG, FL 32068 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:

01/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POWERS, BETHANN B
Address: 13713 WEeping WILLOW WAY
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POWERS, BETHANN B
Address: 428 BEAUMONT CIRCLE
City-St-Zip: WEST CHESTER, PA 19380 US

Title: MGR () Change (X) Addition
Name: ROCK, JULIE A
Address: 2849 BLACKBERRY
City-St-Zip: MIDDLEBURG, FL 32068

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: BETH POWERS

MGR

01/11/2008

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