

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000039996

**FILED**  
**Sep 03, 2009**  
**Secretary of State****Entity Name:** LUCKY LION LLC**Current Principal Place of Business:**6600 106TH ST N  
#2  
SEMINOLE, FL 33772 US**New Principal Place of Business:****Current Mailing Address:**6600 106TH ST N  
#2  
SEMINOLE, FL 33772 US**New Mailing Address:****FEI Number:** 41-2173978**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHULTZ, MICHELLE D  
10140 ANTILLES DR  
SEMINOLE, FL 33776 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:** SHULTZ, MICHELLE D  
**Address:** 10140 ANTILLES DR  
**City-St-Zip:** SEMINOLE, FL 33776 US**Title:** MGRM (X) Delete  
**Name:** PLOEGMAKERS, HENDRICES J  
**Address:** 10140 ANTILLES DR  
**City-St-Zip:** SEMINOLE, FL 33776**ADDITIONS/CHANGES:****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:** MICHELLE D SHULTZ

MGRM

09/03/2009

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