

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044797

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** THE SOGGY DOLLAR COMPANY, LLC

**Current Principal Place of Business:**

421 WILSON AVENUE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

14520 RIVER RD  
PENSACOLA, FL 32507

**Current Mailing Address:**

421 WILSON AVENUE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

14520 RIVER RD  
PENSACOLA, FL 32507

FEI Number: 20-2795972      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:**

HENDERSON, CHAD C  
421 WILSON AVENUE  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

HENDERSON, CHAD C  
14520 RIVER RD  
PENSACOLA, FL 32507      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:

07/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: HENDERSON, CHAD C  
Address: 421 WILSON AVE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: HENDERSON, CHAD C  
Address: 14520 RIVER RD  
City-St-Zip: PENSACOLA, FL 32507

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: CHAD C. HENDERSON

MR

07/17/2008

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