2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# L05000064902

Entity Name: MOSQUITO MUD POTTERY LLC

Current Principal Place of Business:

141 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

808 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

141 CANAL STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

808 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 20-3090319 **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:

KERR-MARSCH, JENNIFER
808 MAGNOLIA ST.
NEW SMYRNA BEACH, FL 32168 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: KERR-MARSCH, JENNIFER
Address: 808 MAGNOLIA ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Delete
Name: MARSCH, CHRISTIAN
Address: 808 MAGNOLIA ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: JENNIFER KERR-MARSCH MGR 06/09/2009

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