## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000072941

REDNECK ENERGY DRINK COMPANY, LLC



Principal Place of Business

11880 28TH ST. N ST PETERSBURG, FL 33716 Mailing Address

11880 28TH ST. N

ST PETERSBURG, FL 33716

7億1 月第 - 4 P 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL FOWLER WHITE BOGGS BANKER P.A. 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

4/25/07

Daytime Phone #

| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |                                   |
|--|---|--|-----------------------------------|
| SIGNATURE  |   |  |                                   |
|  | Signature, lyped or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE                              |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   | 3 <b>0</b><br>05/30/   | 0103452103<br>0701004001 **950.00 |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |                                   |
| TITLE  | MGR   |  |                                   |
| NAME   | LITTLE, ANTHONY A   |  |                                   |
| STREET ADDRESS   | 11880 28TH ST. N  |  |                                   |
| CITY-ST-ZIP  | ST PETERSBUR# FL 33716  |  |                                   |
| TITLE  |   |  |                                   |
| NAME   |   | ,  |                                   |
| STREET ADDRESS   |   |  |                                   |
| CITY-ST-ZIP  |   |  |                                   |
| TITLE  |   |  |                                   |
| NAME   |   |  |                                   |
| STREET ADDRESS   |   | 1 50   | NOT MOITE                         |
| CITY-ST-ZIP  |   | סט ן   | NOT WRITE                         |
| TITLE  |   | INI 3  | THIS SDACE                        |
| NAME   |   | in in  | THIS SPACE                        |
| STREET ADDRESS   |   |  |                                   |
| CITY-ST-ZIP  |   |  |                                   |
| TITLE  | ***   |  |                                   |
| NAME   |   | ĺ  |                                   |
| STREET ADDRESS   |   |  |                                   |
| CITY-ST-ZIP  |   |  |                                   |
| TITLE  |   |  |                                   |
| NAME   |   |  |                                   |
| STREET ADDRESS   |   |  |                                   |
| CITY-ST-ZIP  |   |  |                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |   |  |                                   |

Larson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE