

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077891

FILED
Aug 31, 2006
Secretary of State

Entity Name: SASSY'S OF LAKE CITY, LLC

Current Principal Place of Business:

158 SW KNOX STREET
LAKE CITY, FL 32025 US

New Principal Place of Business:

2941 WEST US HWY 90
SUITE 113
LAKE CITY, FL 32055 US

Current Mailing Address:

158 SW KNOX STREET
LAKE CITY, FL 32025 US

New Mailing Address:

2941 WEST US HWY 90
SUITE 113
LAKE CITY, FL 32055 US

FEI Number: 41-2183066 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:

SPIVEY, GLORIA G
158 SW KNOX STREET
LAKE CITY, FL 32025 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: SPIVEY, GLORIA G
Address: 158 SW KNOX STREET
City-St-Zip: LAKE CITY, FL 32025 US

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SPIVEY, LAURA S
Address: 1243 SW BARDIN WAY
City-St-Zip: LAKE CITY, FL 32025 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIA G. SPIVEY

MGRM

08/31/2006

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