

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077891

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: SASSY'S OF LAKE CITY, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

174 NORTH MARION AVENUE  
LAKE CITY, FL 32055 US

## Current Mailing Address:

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

## New Mailing Address:

174 NORTH MARION AVENUE  
LAKE CITY, FL 32055 US

FEI Number: 41-2183066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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: MGRM ( ) Delete  
Name: SPIVEY, LAURA S  
Address: 1243 SW BARDIN WAY  
City-St-Zip: LAKE CITY, FL 32025 US

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: BEADLES, 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 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

01/15/2009

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