

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116345

Entity Name: SQUEEKS, LLC

FILED  
Mar 21, 2009  
Secretary of State

**Current Principal Place of Business:**

6278 N. FEDERAL HWY #101  
FT LAUDERDALE, FL 333081916

**New Principal Place of Business:**

**Current Mailing Address:**

6278 N. FEDERAL HWY #101  
FT LAUDERDALE, FL 333081916

**New Mailing Address:**

FEI Number: 20-4227909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLUCCI, LISAMARIE  
6278 N FEDERAL HWY.  
#101  
FT LAUDERDALE, FL 333081916 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: COLUCCI, LISAMARIE  
Address: 6278 N. FEDERAL HWY #101  
City-St-Zip: FT LAUDERDALE, FL 333081916

**ADDITIONS/CHANGES:**

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: LISAMARIE COLUCCI

MGR

03/21/2009

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