

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017786

Entity Name: YOU'RE IN LUCK, L.L.C.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

6233 KINGBIRD MANOR DRIVE
LITHIA, FL 33547

New Principal Place of Business:

12417 WINDSWEPT AVE.
RIVERVIEW, FL 33569

Current Mailing Address:

P.O. BOX 696
LITHIA, FL 33547

New Mailing Address:

FEI Number: 20-4151577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMELLINO, ANTHONY A SR
6233 KINGBIRD MANOR DRIVE
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

ARMELLINO, ANTHONY A SR
12417 WINDSWEPT AVE.
RIVERVIEW, FL 33569 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARMELLINO, ANTHONY A SR
Address: 1247 WINDSWEPT AVENUE
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: ARMELLINO, KIMBERLY ANN
Address: 1247 WINDSWEPT AVENUE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARMELLINO, ANTHONY A SR
Address: 12417 WINDSWEPT AVENUE
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Change () Addition
Name: ARMELLINO, KIMBERLY ANN
Address: 12417 WINDSWEPT AVENUE
City-St-Zip: RIVERVIEW, FL 33569

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: ANTHONY A ARMELLINO SR.

MGRM

02/05/2009

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