

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018560

Entity Name: MR. SNIPPS, LLC

FILED
Aug 10, 2007
Secretary of State

Current Principal Place of Business:

4357 PETERS ROAD
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4357 PETERS ROAD
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-0430777 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:

Name and Address of New Registered Agent:

CST BUSINESS & FINANCIAL SERVICES
10350 W MCNAB ROAD
TAMARAC, FL 33321 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DONOFRIO, ALBA D
Address: 4357 PETERS ROAD
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: DONOFRIO, SOPHIA L
Address: 4357 PETERS ROAD
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

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

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: ALBA D. DONOFRIO

MGRM

08/10/2007

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