

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027519

FILED  
May 29, 2009  
Secretary of State

Entity Name: PICKLE-IT, LLC

**Current Principal Place of Business:**

4145 S.W. 47TH AVENUE  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

4145 S.W. 47TH AVENUE  
DAVIE, FL 33314 US

**New Mailing Address:**

FEI Number: 20-4643860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOSTER, TIMOTHY B  
4145 S.W. 47TH AVENUE  
DAVIE, FL 33314 US

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

FOSTER, TIMOTHY B MG. MEM  
4145 S.W. 47TH AVENUE  
DAVIE, FL 33314 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: TIMOTHY FOSTER

05/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOSTER, DAVID  
Address: 4145 S.W. 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM ( ) Delete  
Name: FOSTER, JONATHAN N  
Address: 4145 S.W. 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM ( ) Delete  
Name: FOSTER, STEPHEN F  
Address: 4145 S.W. 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM ( ) Delete  
Name: FOSTER, TIMOTHY B  
Address: 4145 S.W. 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314 US

**ADDITIONS/CHANGES:**

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

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

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: TIMOTHY B. FOSTER

MGRM

05/29/2009

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