

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037965

Entity Name: SNYDER'S GAMBLE, LLC

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

1410 HIAWATHA DRIVE
CK #1652
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1410 HIAWATHA DRIVE
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-4682925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741 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: SNYDER, LORRAINE F
Address: 1410 HIAWATHA DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: SNYDER, ROBERT L
Address: 2956 TIKIMBER WAY
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGR () Delete
Name: STRAHLA, MARY T
Address: 544 COCONUT AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGR () Delete
Name: SNYDER, DAVID B
Address: 6220 LITTLE LAKE SAWYER DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: SNYDER, MARK E
Address: 4315 FANNY BASS ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: MGR () Delete
Name: SNYDER, AMBER L
Address: 1410 HIAWATHA DRIVE
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SNYDER, LORRAINE G
Address: 1410 HIAWATHA DRIVE
City-St-Zip: KISSIMMEE, FL 34741

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

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

Title: () Change () Addition
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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: LORRAINE SNYDER

MGRM

01/28/2009

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