

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053043

FILED
Jan 22, 2008
Secretary of State

Entity Name: SNOOPZ PRIVATE INVESTIGATIONS, LLC

Current Principal Place of Business:

18648 46TH COURT N
LOXAHATCHEE, FL 33470

New Principal Place of Business:

4280 SAN MARINO BLVD #305
WEST PALM BEACH, FL 33409

Current Mailing Address:

4280 SAN MARINO BLVD. #305
WEST PALM BEACH, FL 33409

New Mailing Address:

P.O. BOX 3020
BELLE GLADE, FL 33430

FEI Number: 71-1038979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILICAN BEDARD, SHANA
18648 46TH COURT N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

MILICAN BEDARD, SHANA
4280 SAN MARINO BLVD #305
WEST PALM BEACH, FL 33409 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: SHANA MILICAN BEDARD

01/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEDARD, SHANA M
Address: 18648 46TH COURT N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEDARD, SHANA M
Address: P.O. BOX 3020
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR () Change (X) Addition
Name: CANDUSSO, ROSEMARY
Address: P.O. BOX 3020
City-St-Zip: BELLE GLADE, FL 33430

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: SHANA MILICAN BEDARD

MGMR

01/22/2008

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