

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053422

Entity Name: GOOFY GOURMET LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

6127 RIVIERA LANE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

6127 RIVIERA LANE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-4934028 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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

05/02/2007

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LORD, DONALD
Address: 6127 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGR () Delete
Name: LORD, LINDA
Address: 6127 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: DONALD LORD

MGR

05/02/2007

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