



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 A
Secretary of State

DOCUMENT # L06000060152 1. Entity Name SWEET REVENGE LLC	
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Principal Place of Business 111 ABERCROMBIE AVENUE ENGLEWOOD, FL 34223	Mailing Address 215 ROUTE 9 BAYVILLE, NJ 08721
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DO NOT WRITE IN THIS SPACE


01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4860136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GALLIPOLI, LOUIS J 111 ABERCROMBIE AVENUE ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLIPOLI, LOUIS J 215 ROUTE 9 BAYVILLE, NJ 08721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLDAWAY, TIMOTHY 20998 SCARLET RUSH COURT ASHBURN, VA 20147
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01/08/08-80033-001 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Louis J Gallipoli **1-4-08 732-269-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #