

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060152

Entity Name: SWEET REVENGE LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

111 ABERCROMBIE AVENUE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

215 ROUTE 9
BAYVILLE, NJ 08721

New Mailing Address:

11 ALLEN STREET
TOMS RIVER, NJ 08753

FEI Number: 20-4860136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLIPOLI, LOUIS J
111 ABERCROMBIE AVENUE
ENGLEWOOD, FL 34223 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: MGR () Delete
Name: GALLIPOLI, LOUIS J
Address: 215 ROUTE 9
City-St-Zip: BAYVILLE, NJ 08721

Title: MGRM () Delete
Name: HOLDAWAY, TIMOTHY
Address: 20998 SCARLET RUSH COURT
City-St-Zip: ASHBURN, VA 20147

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALLIPOLI, LOUIS J
Address: 11 ALLEN STREET
City-St-Zip: TOMS RIVER, NJ 08753

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: LOUIS J GALLIPOLI

MGR

04/29/2009

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