2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000084139

Entity Name: SUSHILICIOUS LLC

Current Principal Place of Business:

2915 KERRY FOREST PKWY
604
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2915 KERRY FOREST PKWY
604
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 56-2606195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAYAVONG, SOUPHA L
2366 MERRIGAN PL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

SAYAVONG, SOUPHA L
5729 ROANOKE TRAIL
TALLAHASSEE, FL 32312 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: SOUPHA SAYAVONG 01/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAYAVONG, SOUPHA L
Address: 2366 MERRIGAN PL
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete
Name: SAYAVONG, DEBORA
Address: 2366 MERRIGAN PL
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAYAVONG, SOUPHA L
Address: 5729 ROANOKE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change ( ) Addition
Name: SAYAVONG, DEBORA
Address: 5729 ROANOKE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

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: DEBORA SAYAVONG MGR 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date