

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089183

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CHERRYBOMB PUBLICATIONS, LLC

**Current Principal Place of Business:**

535 CASCADE CIRCLE #107  
CASSELBERRY, FL 327076853 US

**New Principal Place of Business:**

**Current Mailing Address:**

535 CASCADE CIRCLE #107  
CASSELBERRY, FL 327076853 US

**New Mailing Address:**

P.O. BOX 533941  
ORLANDO, FL 32853 US

FEI Number: 20-5525494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RIVERS, TINY  
535 CASCADE CIRCLE #107  
CASSELBERRY, FL 327076853 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: MGRM ( ) Delete  
Name: RIVERS, TINY  
Address: 945 WESSON DR  
City-St-Zip: CASSELBERRY, FL 32707 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RIVERS, TINY  
Address: P.O. BOX 533941  
City-St-Zip: ORLANDO, FL 32853 US

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: TINY RIVERS

MGRM

04/28/2009

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