2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L06000089404

Entity Name: THREE CRACKERS, LLC

Current Principal Place of Business:

27 RANIER DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2290
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 20-5669008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, CHARLES J III
27 RANIER DRIVE
LAKE PLACID, FL 33852 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:	WILSON, CHARLES J III	
Address:	27 RANIER DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852 US	
Title:	MGRM	( ) Delete
Name:	WILSON, DOREEN M	
Address:	27 RANIER DRIVE	
City-St-Zip:	LAKE PLACID, FL 33852 US	
Title:	MGRM	( ) Delete
Name:	POOL, DANIEL J	
Address:	POST OFFICE BOX 3026	
City-St-Zip:	LABELLE, FL 33975 US	
Title:	MGRM	( ) Delete
Name:	POOL, ELAINE M	
Address:	POST OFFICE BOX 3026	
City-St-Zip:	LABELLE, FL 33975 US	
Title:	MGRM	( ) Delete
Name:	POOL, DANIEL J JR	
Address:	2161 SEBASTIAN COURT	
City-St-Zip:	ALVA, FL 33920 US	
Title:	MGRM	( ) Delete
Name:	POOL, ALISON W	
Address:	2161 SEBASTIAN COURT	
City-St-Zip:	ALVA, FL 33920 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CHARLES WILSON MGMR 04/08/2009

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