

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089404

FILED
Apr 14, 2011
Secretary of State

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
Name: WILSON, CHARLES J III
Address: 27 RANIER DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGRM
Name: WILSON, DOREEN M
Address: 27 RANIER DRIVE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGRM
Name: POOL, DANIEL J
Address: POST OFFICE BOX 3026
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM
Name: POOL, ELAINE M
Address: POST OFFICE BOX 3026
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM
Name: POOL, DANIEL J JR
Address: 2161 SEBASTIAN COURT
City-St-Zip: ALVA, FL 33920 US

Title: MGRM
Name: POOL, ALISON W
Address: 2161 SEBASTIAN COURT
City-St-Zip: ALVA, FL 33920 US

I hereby 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 J WILSON III

MGRM

04/14/2011

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