2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000096299

Entity Name: FILL MY CUP, LLC

Current Principal Place of Business:

11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 57298
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 06-1794768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, CASSUNDREA L
11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257 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: THOMAS, ISAAC L SR.
Address: 11051 BARBIZON CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM ( ) Delete
Name: THOMAS, CASSUNDREA L
Address: 11051 BARBIZON CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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: CASSUNDREA L. THOMAS MGRM 04/24/2009

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