

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096299

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

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

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

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:** CASSUNDREA L. THOMAS

MGRM

04/27/2012

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