

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098973

Entity Name: DRAFT-IT-RIGHT LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

9210 N. LENNOX TER
CITRUS SPRINGS, FL 34434

New Principal Place of Business:

Current Mailing Address:

9210 N. LENNOX TER
CITRUS SPRINGS, FL 34434

New Mailing Address:

FEI Number: 61-1511079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKEL, EDNA
9210 N. LENNOX TER
CITRUS SPRINGS, FL 34434 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: MIKEL, JAMES A
Address: W221N7897 GOLFWVIEW LANE
City-St-Zip: SUSSEX, WI 53089

Title: MGRM () Delete
Name: MIKEL, DANA A
Address: W221N7897 GOLFWVIEW LANE
City-St-Zip: SUSSEX, WI 53089

Title: MGRM () Delete
Name: BREAZEALE, JUDY
Address: W221N7897 GOLFWVIEW LANE
City-St-Zip: SUSSEX, WI 53089

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:

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: JAMES A. MIKEL

MGRM

01/22/2009

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