

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104966

Entity Name: SPLIT ODDS 'N ENDS, LLC

FILED
Apr 27, 2008
Secretary of State

Current Principal Place of Business:

816 PALM AVE.
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

816 PALM AVE.
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 01-0876750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAPP, GUY D
816 PALM AVE.
ELLENTON, FL 34222 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: STAPP, GEORGIA K
Address: 816 PALM AVE.
City-St-Zip: ELLENTON, FL 34222 US

Title: MGRM () Delete
Name: STAPP, GUY D
Address: 816 PALM AVE.
City-St-Zip: ELLENTON, FL 34222 US

Title: MGRM () Delete
Name: CULBERT, BARBARA J
Address: 200 TRAIL TREE RIDGE ROAD
City-St-Zip: MORGANTOWN, GA 30560 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:

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: GUY D. STAPP

MGRM

04/27/2008

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