2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L06000104966

Entity Name: SPLIT ODDS 'N ENDS, LLC

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 04/11/2009

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