2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90375 014 ****50.00

DOCUMENT # L06000109085

1. Entity Name
LICK THIS ENTERPRISES, LLC

Principal Place of Business	Mailing Address
6060 COLLIER BLVD. SUITE 52 NAPLES, FL 34114	142 EVENINGSTAR CAY NAPLES, FL 34114

05042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
6060 Collier Blvd.		142 Eveningstar Cay	
Suite, Apt. #, etc.: SUITE 52		Suite, Apt. #, etc.	
City & State: Naples, FL		City & State: Naples FL	
Zip: 34114	Country: USA	Zip: 34114	Country: USA

4. FEI Number: 20-5857471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

WELDON, RICHARD L II
5100 TAMIAMI TRAIL N.
SUITE 138
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michelle R Johnson May 4, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	JOHNSON, MICHELLE R	
STREET ADDRESS	142 EVENINGSTAR CAY	
CITY ST ZIP	NAPLES, FL 34114	
TITLE	MGRM	☐ Delete
NAME	GULLEDGE, ROBERT W	
STREET ADDRESS	142 EVENINGSTAR CAY	
CITY ST ZIP	NAPLES, FL 34114	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
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10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY ST ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Michelle R Johnson Michelle R. Johnson 5.07.2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #