

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121638

Entity Name: PUFF PUFF PARTY LLC

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

12202 NORTH 22ND STREET, #513
TAMPA, FL 33612

New Principal Place of Business:

12202 NORTH 22ND STREET
#618
TAMPA, FL 33612

Current Mailing Address:

P.O. BOX 82984
TAMPA, FL 33682

New Mailing Address:

FEI Number: 76-0845812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TENLOY, LILLY
12202 NORTH 22ND ST #513
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

TENLOY, LILLY
12202 NORTH 22ND ST
#618
TAMPA, FL 33612 US

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: TENLOY LILLY

04/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LILLY, TENLOY
Address: 12202 NORTH 22ND STREET, #513
City-St-Zip: TAMPA, FL 33612

Title: ST () Delete
Name: LILLY, TENLOY
Address: 12202 NORTH 22ND STREET, #513
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LILLY, TENLOY P CEO
Address: 12202 NORTH 22ND STREET, #618
City-St-Zip: TAMPA, FL 33612

Title: ST (X) Change () Addition
Name: LILLY, TENLOY P
Address: 12202 NORTH 22ND STREET, #618
City-St-Zip: TAMPA, FL 33612

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: TENLOY LILLY

CEO

04/26/2008

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