

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026509

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: TINY TRUTHS, LLC

**Current Principal Place of Business:**

10605 WILD MEADOW WAY  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

10605 WILD MEADOW WAY  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 20-8602592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAILE, STEPHANIE  
10605 WILD MEADOW WAY  
TAMPA, FL 33626      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HAILE, STEPHANIE  
Address: 10605 WILD MEADOW WAY  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

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: STEPHANIE HAILE

MGR

06/15/2009

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