

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027138

FILED
Apr 01, 2009
Secretary of State

Entity Name: BIG BUCKS, LLC

Current Principal Place of Business:

11550 GROVEWOOD BLVD
LAND O'LAKES, FL 34638

New Principal Place of Business:

11550 GROVEWOOD BLVD
LAND O'LAKES, FL 34638 US

Current Mailing Address:

11550 GROVEWOOD BLVD
LAND O'LAKES, FL 34638

New Mailing Address:

11550 GROVEWOOD BLVD
LAND O'LAKES, FL 34638 US

FEI Number: 20-8623518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAPHAM, JOSEPH L IV
11550 GROVEWOOD BLVD
LAND O'LAKES, FL 34638 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: STALEY, KIRK A
Address: 9438 US HWY 19N #217
City-St-Zip: PORT RICHEY, FL 34668 US

Title: MGRM () Delete
Name: LAPHAM, JOSEPH L IV
Address: 11550 GROVEWOOD BLVD
City-St-Zip: LAND O'LAKES, FL 34638 US

Title: MGRM () Delete
Name: TRAINA, TROY
Address: 11604 GROVEWOOD BLVD
City-St-Zip: LAND O'LAKES, FL 34638 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: KIRK A STALEY

MGRM

04/01/2009

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