

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028173

FILED  
Jul 17, 2008  
Secretary of State

Entity Name: NO STING LLC

**Current Principal Place of Business:**

7031 VIA LEONARDO  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

7031 VIA LEONARDO  
LAKE WORTH, FL 33463

**New Mailing Address:**

5499 N. FEDERAL HWY.  
SUITE D  
BOCA RATON, FL 33487

FEI Number: 20-8637023      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:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete  
Name: JOHN, BRIAN  
Address: 7031 VIA LEONARDO  
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR ( ) Delete  
Name: BURT, CASEY  
Address: 7031 VIA LEONARDO  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES:**

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: BRIAN S. JOHN

MR.

07/17/2008

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