2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L07000033951

Entity Name: ILOVEDRINKS.COM LLC

Current Principal Place of Business:

2870 71ST CIR.
APT 02-202
VERO BEACH, FL 32966 US

New Principal Place of Business:

Current Mailing Address:

2870 71ST CIR.
APT 202
VERO BEACH, FL 32966 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BORING, DUSTIN A
2870 71ST CIRCLE
APT 202
VERO BEACH, FL 32966 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: BORING, DUSTIN A
Address: 2870 71ST CIRCLE #202
City-St-Zip: VERO BEACH, FL 32966 US

Title: MGRM ( ) Delete
Name: SHIERY, JONATHAN M
Address: 12229 VILLAGE SQUARE TERRACE APT 401
City-St-Zip: ROCKVILLE, MD 20852 US

Title: MGRM (X) Delete
Name: FOTIYEV, DMITRIY
Address: 2314 GLENMORE TERRACE
City-St-Zip: ROCKVILLE, MD 20850 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SHIERY, JONATHAN M
Address: 5722 N 4TH ST
City-St-Zip: ARLINGTON, VA 22205 US

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: DUSTIN A BORING MGRM 04/22/2009

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