

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Oct 21, 2008
Secretary of State**

DOCUMENT# L07000044315

Entity Name: PERSNICKETY LLC

Current Principal Place of Business:

210 REID AVENUE
PORT SAINT JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX 984
PORT SAINT JOE, FL 32457

New Mailing Address:

210 REID AVENUE
PORT SAINT JOE, FL 32456

FEI Number: 20-8915054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISTER, BRANDY
113 WHITE BLOSSOM TRAIL
PORT SAINT JOE, FL 32456 US

Name and Address of New Registered Agent:

PICKETT, LEISA
210 REID AVENUE
PORT SAINT JOE, FL 32456 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: LEISA PICKETT

10/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: LISTER, BRANDY
Address: 113 WHITE BLOSSOM TRAIL
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM () Delete
Name: NORTON, ERIKA
Address: 103 ST. JOSEPH DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM () Delete
Name: PICKETT, LEISA
Address: 208 GAUTIER MEMORIAL LANE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM () Delete
Name: WARRINER, TRISH
Address: 1601 CONSTITUTION DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

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:

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: LEISA PICKETT

MGRM

10/21/2008

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