

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051122

FILED
May 01, 2009
Secretary of State

Entity Name: DRIPBLACK LLC

Current Principal Place of Business:

1239 ORTON ST.
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

Current Mailing Address:

1239 ORTON ST.
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 26-0808738 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:

WALLER, WILLIAM M
950 LAKERIDGE DR.
ORANGE PARK, FL 32065 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: MGRM () Delete
Name: WALLER, WILLIAM M II
Address: 8290 GATE PARKWAY WEST UNIT 1115
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: DOUBERLY, DANIEL S
Address: 1239 ORTON ST
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALLER, WILLIAM M II
Address: 1302 MCDUFF AVE APT. 4
City-St-Zip: JACKSONVILLE, FL 32205

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: WILLIAM M. WALLER II

MR.

05/01/2009

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