

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051122

**FILED**  
**May 17, 2010**  
**Secretary of State**

**Entity Name:** DRIPSBLACK LLC

**Current Principal Place of Business:**

2119 W BEAVER ST.  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

2342 PARK ST.  
4  
JACKSONVILLE, FL 32204 US

**Current Mailing Address:**

2119 W BEAVER ST.  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

2342 PARK ST.  
4  
JACKSONVILLE, FL 32204 US

**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  
**Name:** WALLER, WILLIAM M II  
**Address:** 1302 MCDUFF AVE APT. 4  
**City-St-Zip:** JACKSONVILLE, FL 32205

**Title:** MGRM  
**Name:** DOUBERLY, DANIEL S  
**Address:** 831 MAY ST. #2  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby 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

MGRM

05/17/2010

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