

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053609

Entity Name: KING OF WRAPS, LLC

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

1835 US 1 SOUTH
115
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1835 US 1 SOUTH
115
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 20-1128401 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:

RISCH, KRIS
12457 BETHESDA COURT
JACKSONVILLE, FL 32246 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: M () Delete
Name: RISCH, KRIS S
Address: 12457 BETHESDA COURT
City-St-Zip: JACKSONVILLE, FL 32246

Title: M () Delete
Name: LUTHER, JASON
Address: 109 CALLE NORTE
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: RISCH, KRIS S
Address: 12457 BETHESDA COURT
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGMR (X) Change () Addition
Name: LUTHER, JASON
Address: 109 CALLE NORTE
City-St-Zip: SAINT AUGUSTINE, FL 32095

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: KRIS RISCH

MGMR

05/26/2009

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