## 2008 LIMITED LIABILITY COMPANY

## Apr 17, 2008 8:00 am Secretary of State ANNUAL REPORT 04-17-2008 90171 011 \*\*\*138.75 DOCUMENT # L07000056388 BITCHIN ENTERPRISES LLC UPACAUUD Principal Place of Business Mailing Address 7301 WALLIS RD. 7301 WALLIS RD. WEST PALM BEACH, FL 33413 . . . . WEST PALM BEACH, FL 33413 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite-Apt.#, etc. 04142008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State <u> 26-025</u>7326 Not Applicable \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, ALEX Street Address (P.O. Box Number is Not Acceptable) 7301 WALLIS ROAD WEST PALM BEACH, FL 33413 Zip Code City FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS / MANAGERS 10. 776-R Evans, Alex 1301 Wallis Rood Change ☐ Addition MGR TITLE ☐ Delete TITLE **EVANS, ALEX** NAME NAME 5396 WINCHESTER WOODS DRIVE STREET ADDRESS STREET ADDRESS West Palm Beach, FL: 33413. CITY-ST-ZIP CITY-ST-7IP LAKE WORTH, FL 33463 ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Defete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS QUIY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Oavtime Phone #