

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065616

FILED
Jan 16, 2009
Secretary of State

Entity Name: SIMPLY THE BEST ENTERPRISE, LLC

Current Principal Place of Business:

4045 DOW ROAD
SUITE 105
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

4045 DOW RD
SUITE 105
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 26-0400648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ANTONIO
699 SHERIDAN WOODS DRIVE
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

LOPEZ, ANTONIO
4045 DOW RD
SUITE 105
MELBOURNE, FL 32934 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:

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOPEZ, ANTONIO
Address: 699 SHERIDAN WOODS DRIVE
City-St-Zip: MELBOURNE, FL 32904 US

Title: MGRM () Delete
Name: LOPEZ, YOLANDA
Address: 699 SHERIDAN WOODS DRIVE
City-St-Zip: MELBOURNE, FL 32904 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ, ANTONIO
Address: 4045 DOW RD SUITE 105
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM (X) Change () Addition
Name: LOPEZ, YOLANDA
Address: 4045 DOW RD SUITE 105
City-St-Zip: MELBOURNE, FL 32934 US

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: ANTONIO LOPEZ

CEO

01/16/2009

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