

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067281

Entity Name: MURDER SAUCE, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1505 FT. CLARKE BLVD.
APARTMENT 9-102
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

1505 FT. CLARKE BLVD.
APARTMENT 9-102
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 26-0431272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, PAUL D
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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: NEWELL, DAVID G
Address: 1505 FT. CLARKE BLVD., APT. 9-102
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM () Delete
Name: SCHAEFER, JASON J
Address: 612 N.W. 10TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID NEWELL

MGRM

04/27/2009

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