

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072969

Entity Name: WICKED INK LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

27839 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

27839 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 57-1137507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIZEMORE, MICHAEL J MGRM  
6698 297TH AVE N.  
CLEARWATER, FL 33761 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: MGR ( ) Delete  
Name: SIZEMORE, MICHAEL J  
Address: 6698 297TH AVE N  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SIZEMORE, MEAGAN D  
Address: 6698 297TH AVE N  
City-St-Zip: CLEARWATER, FL 33761

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: MEAGAN D. SIZEMORE

MGRM

04/14/2009

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