

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078580

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** THE SWEET LIFE CREATIONS LLC

**Current Principal Place of Business:**

91 KEYHAVEN ROAD  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

91 KEYHAVEN ROAD  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

FEI Number: 26-0605649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CUCHENS, CARRIE M  
91 KEYHAVEN ROAD  
DEFUNIAK SPRINGS, FL 32433      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: CUCHENS, CARRIE M  
Address: 91 KEYHAVEN ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGR      ( ) Delete  
Name: SMITH, VICTORIA E  
Address: 800 CJ LAIRD RD  
City-St-Zip: PONCE DE LEON, FL 32455

**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: CARRIE M CUCHENS      MGR      04/25/2008

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