

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092695

Entity Name: SUGAR PLUM FAIRY, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

291 VIA NARANJAS
#45
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

291 VIA NARANJAS
#45
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 77-0698590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JENNIFER L
3630 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

GONZALEZ, JENNIFER L
291 VIA NARANJAS
#45
BOCA RATON, FL 33432 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: JENNIFER L. GONZALEZ

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, DEBRA L
Address: 3630 S. OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGRM () Delete
Name: GONZALEZ, JENNIFER L
Address: 3630 S. OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, DEBRA L
Address: 291 VIA NARANJAS #45
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM (X) Change () Addition
Name: GONZALEZ, JENNIFER L
Address: 291 VIA NARANJAS #45
City-St-Zip: BOCA RATON, FL 33432 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: JENNIFER L. GONZALEZ

MGRM

02/04/2009

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