


04-21-2008 90311 030 ***138.75

DOCUMENT # L07000096051		Secretary of State 04-21-2008 90311 030 ***138.75	
1. Entity Name BLONDE BOMBSHELL BROWNIES, LLC			
Principal Place of Business 3015 CHIANTI COURT, UNIT #107 SARASOTA, FL 34237		Mailing Address 3015 CHIANTI COURT, UNIT #107 SARASOTA, FL 34237	
2. Principal Place of Business - No P.O. Box # 1422 GRANTHAM DRIVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 52243 Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34234 Country USA		Zip 34232 Country USA	
6. Name and Address of Current Registered Agent HOOGLAND, SHARON R 3015 CHIANTI COURT, UNIT #107 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name SHARON R HOOGLAND Street Address (P.O. Box Number is Not Acceptable) 1422 GRANTHAM DRIVE City SARASOTA FL Zip Code 34234	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Sharon R Hoogland</u> DATE <u>4/16/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Sharon R Hoogland</u> DATE <u>4/16/2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			