

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099545

Entity Name: KROOZER CUPS USA, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

541 MARGARET STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

160 WINDSORVILLE COURT
JACKSONVILLE, FL 32225

Current Mailing Address:

PO BOX 50341
JACKSONVILLE, FL 32240

New Mailing Address:

FEI Number: 26-1206312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLISER, TAMAS
541 MARGARET STREET
NEPTUNE BEACH, FL 322664725 US

Name and Address of New Registered Agent:

JOHNSON, RYAN
160 WINDSORVILLE COURT
JACKSONVILLE, FL 32225 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: RYAN JOHNSON

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLISER, TAMAS
Address: 541 MARGARET STREET
City-St-Zip: NEPTUNE BEACH, FL 32266-472

Title: MGRM () Delete
Name: JOHNSON, RYAN Y
Address: 541 MARGARET STREET
City-St-Zip: NEPTUNE BEACH, FL 32266-472

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLISER, TAMAS
Address: 890 CAMELIA STREET
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGRM (X) Change () Addition
Name: JOHNSON, RYAN Y
Address: 160 WINDSORVILLE COURT
City-St-Zip: JACKSONVILLE, FL 32225

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: RYAN JOHNSON

MGRM

04/28/2009

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