

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000099545

Entity Name: KROOZER CUPS USA, LLC

**FILED**  
**Aug 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

160 WINDSORVILLE COURT  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

901 OCEAN BLVD #47  
ATLANTIC BEACH, FL 32233

**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:**

JOHNSON, RYAN  
160 WINDSORVILLE COURT  
JACKSONVILLE, FL 32225 US

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

JOHNSON, RYAN  
901 OCEAN BLVD #47  
ATLANTIC BEACH, FL 32233 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: \_\_\_\_\_

Electronic Signature of Registered Agent

08/28/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLISER, TAMAS  
Address: 215 PLAZA  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGRM  
Name: JOHNSON, RYAN Y  
Address: 901 OCEAN BLVD #47  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby 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

08/28/2011

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