

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104171

Entity Name: CRAPPYFUDGE LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

495 STAN DRIVE
SUITE105
MELBOURNE, FL 32904

New Principal Place of Business:

7025 INDUSTRIAL ROAD
W MELBOURNE, FL 32904

Current Mailing Address:

495 STAN DRIVE
SUITE105
MELBOURNE, FL 32904

New Mailing Address:

7025 INDUSTRIAL ROAD
W MELBOURNE, FL 32904

FEI Number: 26-1228917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOCKENDORF, ANNEMARIE V
495 STAN DRIVE
SUITE 105
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

DOCKENDORF, ANNEMARIE V
7025 INDUSTRIAL ROAD
W MELBOURNE, FL 32904 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOCKENDORF, ANNEMARIE V
Address: 495 STAN DRIVE, SUITE 105
City-St-Zip: MELBOURNE, FL 32904 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOCKENDORF, KIRK
Address: 7025 INDUSTRIAL ROAD
City-St-Zip: W MELBOURNE, FL 32904 US

Title: MGRM () Change (X) Addition
Name: DOCKENDORF, ANNEMARIE V
Address: 7025 INDUSTRIAL ROAD
City-St-Zip: W MELBOURNE, FL 32904 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: ANNEMARIE V. DOCKENDORF

MGRM

04/27/2009

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