

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109156

FILED  
Aug 26, 2009  
Secretary of State

Entity Name: THE HATE FACTORY LLC

## Current Principal Place of Business:

1827 COURTLAND STREET  
ORLANDO, FL 32804 US

## New Principal Place of Business:

1104 S. WESTMORELAND DR.  
ORLANDO, FL 32805 US

## Current Mailing Address:

1827 COURTLAND STREET  
ORLANDO, FL 32804 US

## New Mailing Address:

1104 S. WESTMORELAND DR.  
ORLANDO, FL 32805 US

FEI Number: 26-1834692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

STEPP, JAMESON B  
1827 COURTLAND STREET  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

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

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: STEPP, JAMESON B  
Address: 1827 COURTLAND STREET  
City-St-Zip: ORLANDO, FL 32804 US

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: JUDD, SHANE  
Address: 1618 TULANE STREET  
City-St-Zip: ORLANDO, FL 32804

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: JAMESON B STEPP

MGR

08/26/2009

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