

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110207

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: CREAMY CRAVINGS "L.L.C."

## Current Principal Place of Business:

2600 W. 9 MILE RD.  
STE 9  
PENSACOLA, FL 32534 US

## New Principal Place of Business:

## Current Mailing Address:

2641 WADE AVE  
PENSACOLA, FL 32507 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
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:

BILLY, JOHN P  
2600 W. 9 MILE RD.  
STE 9  
CANTONMENT, FL 32533 US

## Name and Address of New Registered Agent:

BILLY, JOHN P  
2600 W. 9 MILE RD.  
STE 9  
PENSACOLA, FL 32534 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:

07/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BILLY, JOHN P  
Address: 2641 WADE AVE  
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGR ( ) Delete  
Name: BILLY, TINA M  
Address: 2641 WADE AVE  
City-St-Zip: PENSACOLA, FL 32507 US

## ADDITIONS/CHANGES:

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

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

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: JOHN P BILLY

MGRM

07/14/2008

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