

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121859

FILED
Apr 16, 2008
Secretary of State

Entity Name: STAND UP STRAIGHT, LLC

Current Principal Place of Business:

5865 SUNDOWN CIRCLE, APT. 925
ORLANDO, FL 32822

New Principal Place of Business:

5865 SUNDOWN CIRCLE, APT 925
ORLANDO, FL 32822 US

Current Mailing Address:

5865 SUNDOWN CIRCLE, APT. 925
ORLANDO, FL 32822

New Mailing Address:

5865 SUNDOWN CIRCLE, APT 925
ORLANDO, FL 32822 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM () Delete
Name: DIAZ, NOEL
Address: 5865 SUNDOWN CIRCLE, APT. 925
City-St-Zip: ORLANDO, FL 32822

Title: MGRM () Delete
Name: OCASIO, JOHNNY
Address: 3201 SOUTH SEMORAN BLVD., APT. 38
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: DIAZ, NOEL
Address: 5865 SUNDOWN CIRCLE, APT 925
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Change () Addition
Name: OCASIO, JOHNNY
Address: 3201 SOUTH SEMORAN BLVD., APT. 38
City-St-Zip: ORLANDO, FL 32822

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: NOEL DIAZ

MGRM

04/16/2008

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