

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001843

FILED  
Aug 24, 2009  
Secretary of State

Entity Name: HUNTERS PIE LLC

## Current Principal Place of Business:

13750 WEST COLONIAL DRIVE, SUITE #350  
PMB #319  
WINTER GARDEN, FL 34787

## New Principal Place of Business:

## Current Mailing Address:

13750 WEST COLONIAL DRIVE, SUITE #350  
PMB #319  
WINTER GARDEN, FL 34787

## New Mailing Address:

FEI Number: 22-3973777      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:

## Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GASKIN, GEOFFREY  
Address: 13750 WEST COLONIAL DRIVE, SUITE #350  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR ( ) Delete  
Name: BALZER, COREY  
Address: 13750 WEST COLONIAL DRIVE, SUITE #350  
City-St-Zip: WINTER GARDEN, FL 34787

## 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: GEOFFREY GASKIN

MGR

08/24/2009

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