2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# L08000015697

Entity Name: SHELF-LIFE PRODUCTIONS LLC

Current Principal Place of Business:

6413 HIDDEN DALE AVENUE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6413 HIDDEN DALE AVENUE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 22-3976299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THOMPSON, JOHN J
6413 HIDDEN DALE AVENUE
ORLANDO, FL 32819 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: JOHN J THOMPSON 04/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	THOMPSON, JOHN J	
Address:	6413 HIDDEN DALE AVENUE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGR	( ) Delete
Name:	WEIDMAN, RICHARD E	
Address:	6413 HIDDEN DALE AVENUE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	S	( ) Delete
Name:	THOMPSON, JOHN J	
Address:	6413 HIDDEN DALE AVENUE	
City-St-Zip:	ORLANDO, FL 32819	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 J THOMPSON MGR 04/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date