2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2009
Secretary of State

DOCUMENT# L08000017149

Entity Name: 2 P'S IN A PAD, LLC.

Current Principal Place of Business:

22455 CR 675
MYAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

22455 CR 675
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 26-2007861 **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:

COHN, ROY W
35100 SR 64 EAST
MYAKKA CITY, FL 34251 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MRS. ( ) Change (X) Addition
Name: PAMELA K. FALKNER
Address: 22455 CR 675
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: MRS. ( ) Change (X) Addition
Name: HECTOR, PATRICIA O
Address: 9911 OLD HYDE PARK PL
City-St-Zip: BRADENTON, FL 34202 US

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: PAMELA K. FALKNER MRS. 06/12/2009

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