## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000020497

Entity Name: ALL BLOWN UP LLC

FILED Apr 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1940 FRANKLIN LANE NORTH PORT, FL 34286

Current Mailing Address: New Mailing Address:

1940 FRANKLIN LANE P.O. BOX 7735

NORTH PORT, FL 34286 NORTH PORT, FL 34290

FEI Number: 26-2025096 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NORTON, BRAD HANSON, KENNETH 1940 FRANKLIN LANE 2028 GERALD AVE

NORTH PORT, FL 34286 US NORTH PORT, FL 34288 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: KENNETH HANSON 04/11/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NORTON, BRAD
 Name:

 Address:
 1940 FRANKLIN LANE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NORTON, MICHELE
 Name:

 Address:
 1940 FRANKLIN LANE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HANSON, SUE
 Name:

 Address:
 2028 GERALD AVE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34288
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HANSON, KEN
 Name:

 Address:
 2028 GERALD AVE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34288
 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: KENNETH HANSON MGRM 04/11/2009