2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L08000023161

Entity Name: FLORIDA MOONSHINE LLC

Current Principal Place of Business:

3801 E. HEATHERWOOD STREET
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

3801 E. HEATHERWOOD STREET
INVERNESS, FL 34452

New Mailing Address:

27036 PALMETTO BEND DRIVE
TAMPA, FL 33544

FEI Number: 33-1210075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON, ANTHONY R
27036 PALMETTO BEND DRIVE
WESLEY CHAPEL, FL 33544 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:

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

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: HAMILTON, ANTHONY R
Address: 27036 PALMETTO BEND DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: VP ( ) Change (X) Addition
Name: HEAD, IAN
Address: 3801 EAST HEATHERWOOD STREET
City-St-Zip: INVERNESS, FL 34452

Title: S ( ) Change (X) Addition
Name: MCCAUL-THIBODEAU, DONNA
Address: 6400 46TH AVENUE NORTH, APT. 65
City-St-Zip: KENNETH CITY,, FL 33709

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: ANTHONY R. HAMILTON P 05/05/2009

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