

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027750

FILED
Feb 18, 2009
Secretary of State

Entity Name: FLIPPING OUT PROPERTIES LLC

Current Principal Place of Business:

4790 OAKLAND DR
PENSACOLA, FL 32526

New Principal Place of Business:

7236 TANNEHILL DR.
PENSACOLA, FL 32526 US

Current Mailing Address:

4790 OAKLAND DR
PENSACOLA, FL 32526

New Mailing Address:

7236 TANNEHILL DR.
PENSACOLA, FL 32526 US

FEI Number: 51-0673738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORNEDO, JEREMIAH
4790 OAKLAND DR
PENSACOLA, FL 32526 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: MGR () Delete
Name: HORNEDO, JEREMIAH
Address: 4790 OAKLAND DR
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM () Delete
Name: HORNEDO, JESSICA
Address: 4790 OAKLAND DR
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM () Delete
Name: MARTINEZ, DARLENE
Address: 4901 RANDEE CIR
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, DARLENE
Address: 7236 TANNEHILL DR,
City-St-Zip: PENSACOLA, FL 32526

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: JEREMIAH HORNEDO

MGR

02/18/2009

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