

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044259

Entity Name: WET BLACK NOSE LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6925 4TH STREET NORTH
SAINT PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

6925 4TH STREET NORTH
SAINT PETERSBURG, FL 33702 US

New Mailing Address:

1531 EDEN ISLE BLVD NE
#254
SAINT PETERSBURG, FL 33704 US

FEI Number: 35-2327612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLELLAN, MATTHEW L
6925 4TH STREET NORTH
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

MCCLELLAN, LARISSA M
1531 EDEN ISLE BLVD NE
#254
SAINT PETERSBURG, FL 33704 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: LARISSA M MCCLELLAN

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MCCLELLAN, MATTHEW L
Address: 1531 EDEN ISLE BLVD NE #254
City-St-Zip: SAINT PETERSBURG, FL 33704

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: LARISSA M MCCLELLAN

MGRM

04/30/2009

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