

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045724

FILED
Mar 25, 2009
Secretary of State

Entity Name: BASEBAND BRACELETS LLC

Current Principal Place of Business:

559 W. RAMBLING DR.
WELLINGTON, FL 33414

New Principal Place of Business:

1817 JACKSON BLUFF RD.
TALLAHASSEE, FL 32304

Current Mailing Address:

559 W. RAMBLING DR.
WELLINGTON, FL 33414

New Mailing Address:

1817 JACKSON BLUFF RD.
TALLAHASSEE, FL 32304

FEI Number: 30-0480880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATERS, CHRISTOPHER
559 W. RAMBLING DR.
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

WATERS, CHRISTOPHER
1817 JACKSON BLUFF RD
TALLAHASSEE, FL 32304 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: CHRIS WATERS

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WATERS, CHRISTOPHER
Address: 559 W. RAMBLING DR.
City-St-Zip: WELLINGTON, FL 33414

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WATERS, CHRISTOPHER
Address: 1817 JACKSON BLUFF RD
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR () Change (X) Addition
Name: WATERS, BRYAN
Address: 1817 JACKSON BLUFF RD.
City-St-Zip: TALLAHASSEE, FL 32304

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: CHRISTOPHER WATERS

MGR

03/25/2009

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