

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059359

Entity Name: ELLENTON SUDS, L.L.C.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

5309 EAST 29TH STREET EAST
ELLENTON, FL 34222

New Principal Place of Business:

5309 29TH STREET EAST
ELLENTON, FL 34222

Current Mailing Address:

5309 EAST 29TH STREET EAST
ELLENTON, FL 34222

New Mailing Address:

5309 29TH STREET EAST
ELLENTON, FL 34222

FEI Number: 26-2821332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S JR.
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

KAPLAN, MARVIN
5309 29TH ST E
SARASOTA, FL 34230 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: MARVIN KAPLAN

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAPLAN, MARVIN
Address: P.O. BOX 49586
City-St-Zip: SARASOTA, FL 34230

Title: MGR (X) Delete
Name: BENNETT, MICHAEL
Address: 7056 HAWKES HARBOR CIRCLE
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES:

Title: MMBR (X) Change () Addition
Name: MJ SQUARED, LLC
Address: P.O. BOX 49586
City-St-Zip: SARASOTA, FL 34230

Title: () Change () Addition
Name:
Address:
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: MJ SQUARED, LLC

MMBR

04/15/2009

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