

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068172

Entity Name: BONNIE BLUEBERRIES, LLC

FILED  
Feb 21, 2009  
Secretary of State

**Current Principal Place of Business:**

201 WENDEL AVENUE  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

201 WENDEL AVENUE  
LITHIA, FL 33547

**New Mailing Address:**

FEI Number: 35-2342861      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPANO, VINCENT R  
6320 US HIGHWAY 301 S  
RIVERVIEW, FL 33578 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: MGRM ( ) Delete  
Name: WOODYER, BRIAN  
Address: 201 WENDEL AVENUE  
City-St-Zip: LITHIA, FL 33547

Title: MGRM ( ) Delete  
Name: CUTCHIN, TROY  
Address: 1430 EMERALD HILL WAY  
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Delete  
Name: GAUTHIER, JOHN  
Address: 1831 SUGAR HILL DRIVE, APT. 102  
City-St-Zip: WOODBRIDGE, VA 22192

**ADDITIONS/CHANGES:**

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

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

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: JOHN GAUTHIER

MGRM

02/21/2009

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