

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079629

Entity Name: FLYING SCISSORS LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1120 EAST HIGHWAY 50
D
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

10710 LAKE RALPH DRIVE
CLERMONT, FL 34711

New Mailing Address:

1120 EAST HIGHWAY 50
D
CLERMONT, FL 34711

FEI Number: 26-3158823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRADE, GINA Y
10710 LAKE RALPH DRIVE
CLERMONT, FL 34711 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: ANDRADE, GINA Y
Address: 10710 LAKE RALPH DRIVE
City-St-Zip: CLERMONT, FL 34711

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANDRADE, GINA Y
Address: 10710 LAKE RALPH DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR () Change (X) Addition
Name: ANDRADE, MARIA C
Address: 3849 FALLSCREST CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGR () Change (X) Addition
Name: ANDRADE, GIOVANNY M
Address: 3849 FALLSCREST CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

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: GINA ANDRADE

MGR

04/28/2009

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