

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081283

Entity Name: DEADLY REPTILES LLC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

1527 DORADO DR. APT A  
KISSIMMEE, FL 34741

## New Principal Place of Business:

1741 KING EDWARD DR.  
KISSIMMEE, FL 34744

## Current Mailing Address:

1527 DORADO DR. APT A  
KISSIMMEE, FL 34741

## New Mailing Address:

1741 KING EDWARD DR.  
KISSIMMEE, FL 34744

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JAMES SEARS, CHRISTOPHER  
1741 KING EDWARD DR.  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

SEARS, CHRISTOPHER J MR.  
1741 KING EDWARD DR.  
KISSIMMEE, FL 34744 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: CHRISTOPHER JAMES SEARS

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JAMES SEARS, CHRISTOPHER  
Address: 1527 DORADO DR. APT A  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SEARS, CHRISTOPHER J MR.  
Address: 1741 KING EDWARD DR.  
City-St-Zip: KISSIMMEE, FL 34744

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 JAMES SEARS

MGR

05/01/2009

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