

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083905

Entity Name: GROCERY BYTES, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

622 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

622 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMPHILL, ROBERT H
4746 KYLEMORE COURT
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

HEMPHILL, ROBERT H PRES
4746 KYLEMORE COURT
PALM HARBOR, FL 34685 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: ROBERT D HEMPILL

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEMPILL, ROBERT
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM () Delete
Name: TUCKETT, SHAWN
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM () Delete
Name: HEMPILL, BRIAN
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM () Delete
Name: HEMPILL, GREG
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HEMPILL, ROBERT D
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: DIR (X) Change () Addition
Name: TUCKETT, SHAWN
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP (X) Change () Addition
Name: HEMPILL, BRIAN
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP (X) Change () Addition
Name: HEMPILL, GREG
Address: 622 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 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: ROBERT D HEMPILL

PRES

04/29/2009

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