

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086821

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** SUGARLIPS CAKES & DELECTABLE DITTIES, LLC.

**Current Principal Place of Business:**

19 MASSACHUSETTS RD  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

19 MASSACHUSETTS RD  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 26-3603145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACKWELL, GWEN  
1585 LINDY LANE  
LABELLE, FL 33935 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: WALKER, NOELLE  
Address: 19 MASSACHUSETTS RD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM ( ) Delete  
Name: WALKER, NOELLE  
Address: 19 MASSACHUSETTS RD  
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DELGADO, NOELLE  
Address: 19 MASSACHUSETTS RD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM (X) Change ( ) Addition  
Name: DELGADO, NOELLE  
Address: 19 MASSACHUSETTS RD  
City-St-Zip: LEHIGH ACRES, FL 33936

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:** NOELLE DELGADO

MGR

03/18/2009

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