

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086821

**FILED**  
**May 09, 2010**  
**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:**

1216 HOPEDALE DR  
FORT MYERS, FL 33919

**Current Mailing Address:**

19 MASSACHUSETTS RD  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

1216 HOPEDALE DR  
FORT MYERS, FL 33919

**FEI Number:** 26-3603145      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

BLACKWELL, GWEN  
1585 LINDY LANE  
LABELLE, FL 339335      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  
**Name:** DELGADO, NOELLE  
**Address:** 1216 HOPEDALE DR  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** MGRM  
**Name:** DELGADO, NOELLE  
**Address:** 1216 HOPEDALE DR  
**City-St-Zip:** FORT MYERS, FL 33919

I hereby 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

05/09/2010

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