

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096370

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** HOLY MOLY CONCEPTS LLC

**Current Principal Place of Business:**

252 ARDICE AVE  
#425  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 656  
TAVARES, FL 32778 US

**New Mailing Address:**

P.O.BOX 656  
425  
TAVARES, FL 32778 US

**FEI Number:** 80-0279919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWERS, MIKE E MR  
252 W ARDICE AVE  
425  
EUSTIS, FL 32726 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:** POWERS, MIKE E MR  
**Address:** 252 W ARDICE AVE #425  
**City-St-Zip:** EUSTIS, FL 32726 US

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:** MICHAEL POWERS

CEO

04/21/2011

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