

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107783

Entity Name: HOOKUMUP A, LLC

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

3880 JULINGTON CREEK RD
JACKSONVILLE, FL 322234010 US

New Principal Place of Business:

3880 JULINGTON CREEK RD
JACKSONVILLE, FL 32223 US

Current Mailing Address:

3880 JULINGTON CREEK RD
JACKSONVILLE, FL 322234010 US

New Mailing Address:

3880 JULINGTON CREEK RD
JACKSONVILLE, FL 32223 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RICHARD E JR.
3880 JULINGTON CREEK RD
JACKSONVILLE, FL 32223 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: MGRM () Delete
Name: MILLER, RICHARD JR.
Address: 3880 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 322234010 US

Title: MGRM () Delete
Name: SLEIMAN, ELI
Address: 3880 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 322234010 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, RICHARD JR.
Address: 3880 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM (X) Change () Addition
Name: SLEIMAN, ELI
Address: 3880 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32223 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: RE MILLER

MM

01/23/2009

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