

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117336

Entity Name: SNAGGED, LLC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

6980 COUNTY ROAD 30-A  
PORT SAINT JOE, FL 32456

## New Principal Place of Business:

6980 COUNTY ROAD C-30  
PORT SAINT JOE, FL 32456

## Current Mailing Address:

6980 COUNTY ROAD 30-A  
PORT SAINT JOE, FL 32456

## New Mailing Address:

6980 COUNTY ROAD C-30  
PORT SAINT JOE, FL 32456

FEI Number: 26-3943487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, ANN E  
6980 COUNTY ROAD 30-A  
PORT SAINT JOE, FL 32456 US

## Name and Address of New Registered Agent:

ANDERSON, ANN E  
6980 COUNTY ROAD C-30  
PORT SAINT JOE, FL 32456 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: ANN ANDERSON

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANDERSON, ANN E  
Address: 6980 COUNTY ROAD  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM ( ) Delete  
Name: ANDERSON, DOUGLAS S  
Address: 6980 COUNTY ROAD 30-A  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM ( ) Delete  
Name: ANDERSON, MATTHEW S  
Address: 6980 COUNTY ROAD 30-A  
City-St-Zip: PORT SAINT JOE, FL 32456

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, ANN E  
Address: 6980 COUNTY ROAD C-30  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, DOUGLAS S  
Address: 6980 COUNTY ROAD C-30  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, MATTHEW S  
Address: 6980 COUNTY ROAD C-30  
City-St-Zip: PORT SAINT JOE, FL 32456

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: ANN ANDERSON

MGRM

04/24/2009

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