

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088374

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** CAROLYN'S FREAKY TIKI HUT, LLC

**Current Principal Place of Business:**

1001 US HWY 92 WEST  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

1001 US HWY 92 WEST  
SEFFNER, FL 33584

**New Mailing Address:**

**FEI Number:** 27-0724889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, C CHRISTINE ESQ  
3522 SAM ALLEN OAKS CIR  
PLANT CITY, FL 33565 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  
**Name:** BALLARD, CAROLYN L  
**Address:** 1001 US HWY 92 WEST  
**City-St-Zip:** SEFFNER, FL 33584

**Title:** MGRM  
**Name:** BALLARD, JASON D  
**Address:** 1001 US HWY 92 WEST  
**City-St-Zip:** SEFFNER, FL 33584

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:** JASON BALLARD

OWNE

04/30/2010

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