

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000031454

**Entity Name:** GEEKY PINUPS, LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5923 LOMA VISTA DRIVE WEST  
DAVENPORT, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

5923 LOMA VISTA DRIVE WEST  
DAVENPORT, FL 33896

**New Mailing Address:**

718 KNIGHTSBRIDGE CIRCLE  
DAVENPORT, FL 33896

**FEI Number:** 27-2195958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVER, TIMOTHY W  
5923 LOMA VISTA DRIVE WEST  
DAVENPORT, FL 33896 US

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

OLIVER, TIMOTHY W  
718 KNIGHTSBRIDGE CIRCLE  
DAVENPORT, FL 33896 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:**

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** OLIVER, TIMOTHY W  
**Address:** 718 KNIGHTSBRIDGE CIRCLE  
**City-St-Zip:** DAVENPORT, FL 33896

**Title:** MGR  
**Name:** CHADWICK, WANDA F  
**Address:** 718 KNIGHTSBRIDGE CIRCLE  
**City-St-Zip:** DAVENPORT, FL 33896

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:** TIMOTHY W. OLIVER

MGR

02/16/2011

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