

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111502

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** JUST BECAUSE TREATS LLC

**Current Principal Place of Business:**

10339 MILLPOA DR  
TAMPA, FL 33626

**New Principal Place of Business:**

10339 MILLPORT DR  
TAMPA, FL 33626

**Current Mailing Address:**

10339 MILLPOA DR  
TAMPA, FL 33626

**New Mailing Address:**

10339 MILLPORT DR  
TAMPA, FL 33626

**FEI Number:** 27-3828068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLSON, TRACEY  
10339 MILLPOA DR  
TAMPA, FL 33626 US

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

NICHOLSON, TRACEY  
10339 MILLPORT DR  
TAMPA, FL 33626 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:**

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** OWENS, JILL  
**Address:** 3437 LAKE SHORE LN  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** MGRM  
**Name:** GOMEZ, BARBARA  
**Address:** 702 SAILFISH DR  
**City-St-Zip:** BRANDON, FL 33511

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:** TRACEY NICHOLSON

MGRM

01/06/2011

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