

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000144577

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** BLOWOUT EMPORIUM LLC

**Current Principal Place of Business:**

5200 45 AVE N  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

5100 45 AVE N  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

5200 45 AVE N  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

5100 45 AVE N  
ST. PETERSBURG, FL 33709

**FEI Number:** 38-3861024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, KEN  
4500 45 AVE N  
ST PETERSBURG, FL 33709 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: ROGERS, KEN  
Address: 5100 45 AVE N  
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR  
Name: ROGERS, SHIRLEY  
Address: 5100 45 AVE N  
City-St-Zip: ST. PETERSBURG, FL 33709

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: KEN ROGERS

MMBR

04/10/2012

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