

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000308

FILED
Apr 08, 2009
Secretary of State

Entity Name: SPRING HILL TREATS, L.C.

Current Principal Place of Business:

9200 LITTLE ROAD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

C/O DOUGLAS KELLIN
12828 ROYAL GEORGE AVENUE
ODESSA, FL 33556

New Mailing Address:

C/O VICKY KELLIN
12828 ROYAL GEORGE AVENUE
ODESSA, FL 33556

FEI Number: 59-3555001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLIN, DOUGLAS W
12828 ROYAL GEORGE AVENUE
ODESSA, FL 33556 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 () Delete
Name: KELLIN, DOUGLAS W
Address: 12828 ROYAL GEORGE AVENUE
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: KELLIN, VICKY L
Address: 12828 ROYAL GEORGE AVENUE
City-St-Zip: ODESSA, FL 33556

Title: MGRM (X) Delete
Name: STEFANY, DIANE J
Address: 11205 WINDRUSH CIRCLE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS KELLIN

MGRM

04/08/2009

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