

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008206

FILED
Mar 03, 2009
Secretary of State

Entity Name: LITTLE PEEPS, L.L.C.

Current Principal Place of Business:

2221 S. DALE MABRY
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

2221 S. DALE MABRY
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 59-3617670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, ASHLEY T
802 SOUTH LAKEVIEW ROAD
TAMPA, FL 33629 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: MGR () Delete
Name: THOMAS, PATTI W
Address: 2416 W. PROSPECT RD
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: THOMAS, CLAY O
Address: 2416 W. PROSPECT RD
City-St-Zip: TAMPA, FL 33629

Title: MGR () Delete
Name: MORAN, ASHLEY T
Address: 802 S. LAKEVIEW ROAD
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: MORAN, KEVIN S
Address: 802 S. LAKEVIEW ROAD
City-St-Zip: TAMPA, FL 33609

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:

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: ASHLEY T MORAN

MRS

03/03/2009

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