

FILED
May 29, 2002 8:00 am
Secretary of State
03-31-2002 90369 007 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L000000006739 ✓
1. Entity Name
BIG GAME FLORIDA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>105 E ORANGE AVE.</u> Suite, Apt. #, etc.		3. Mailing Address <u>7160 CHAGRIN ROAD</u> Suite, Apt. #, etc. <u>SUITE 250</u>	
City & State <u>DAYTONA BEACH, FL</u>		City & State <u>CHAGRIN FALLS, OHIO</u>	
Zip <u>32114</u>	Country <u>UNITED STATES</u>	Zip <u>44023</u>	Country <u>UNITED STATES</u>

4. FEI Number <u>59-3653211</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name EUGENE ROGERS
Street Address (P.O. Box Number is Not Acceptable)
105 E ORANGE AVE.
City DAYTONA BEACH, FL Zip 32114

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>MEMBER</u> <u>ANDREW K. RAYBURN</u> <u>10 ASPREY LANE</u> <u>KEY LARSD, FL 33039</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Andrew K. Rayburn, managing member 3/4/02 440-893-7529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #