

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018583

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: FULLEST ENTERTAINMENT GROUP, LLC

## Current Principal Place of Business:

1413 SW 19TH AVE  
FORT LAUDERDALE, FL 33312

## New Principal Place of Business:

## Current Mailing Address:

1413 SW 19TH AVE  
FORT LAUDERDALE, FL 33312

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LARROW, PAUL L  
3501-312 DEL PRADO BLVD.  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

FRASER, DEVON  
1413 SW 19TH AVE  
CAPE CORAL, FL 33904 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: DEVON FRASER

06/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GIRAULT, GERALD P  
Address: 7545 NW 68TH WAY  
City-St-Zip: PARKLAND, FL 33067

Title: MGRM ( ) Delete  
Name: FRASER, DEVON  
Address: 1413 SW 19TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete  
Name: GIRAULT, DEMITRI L  
Address: 16736 SW 36TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM ( ) Delete  
Name: FRASER, JOHN W III  
Address: 1364 NW 126TH AVENUE  
City-St-Zip: SUNRISE, FL 33323

Title: MGRM ( ) Delete  
Name: AMADOR, FELIPE  
Address: 3101 EAST STONEBROOK CIRCLE  
City-St-Zip: DAVIE, FL 33068

Title: MGRM ( ) Delete  
Name: WILSON, WESTMORELAND D III  
Address: 1982 SW 60TH TERR  
City-St-Zip: N.LAUDERDALE, FL 33068

## 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  
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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: DEVON FRASER

PRES

06/15/2009

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