
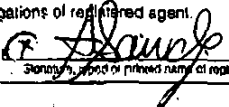
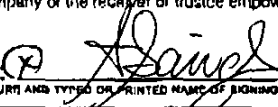


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90209 035 \*\*\*138.75

<b>DOCUMENT # L07000106155</b>			
1. Entity Name <b>ALLOUT FIGHT GEAR, LLC</b>			
Principal Place of Business 4444 SW 71ST AVENUE SUITE 103 MIAMI, FL 33155		Mailing Address 4444 SW 71ST AVENUE SUITE 103 MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # <b>10350 SW 90th STREET</b>		3. Mailing Address <b>10350 SW 90th STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL 33176</b>		City & State <b>MIAMI, FL 33176</b>	
4. FEI Number <b>26-1262237</b>		Applied For Not Applicable	
Zip <b>33176</b>	Country <b>U.S.</b>	Zip <b>33176</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TOLEDO, JOSE A</b> 4444 SW 71ST AVENUE SUITE 103 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name <b>ALAIN D SANCHEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>92 LAKE ARBOR DRIVE</b> City <b>LAKE WORTH</b> FL Zip Code <b>33461</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when re-registering)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, ALAIN D 92 LAKE ARBOR DRIVE LAKE WORTH, FL 33481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JORGE DE LA NOVAL 10350 SW 90th STREET MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDSAY, RONNY 9001 SW 94 STREET, UNIT 210 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLEDO, JOSE A 5869 SW 85 STREET SOUTH MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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