

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002830

1. Entity Name
SEVERE PAINTBALL L.C.



Principal Place of Business
1301 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Mailing Address
1301 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0879052

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GONTOVNIK, MIGUEL
1301 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-filing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000404010
02/06/06-80030-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PHARMINTER, INC.
STREET ADDRESS	1301 SAWGRASS CORPORATE PARKWAY
CITY - ST - ZIP	SUNRISE, FL 33323
TITLE	MGRM
NAME	POLYFLEX, INC.
STREET ADDRESS	1301 SAWGRASS CORPORATE PARKWAY
CITY - ST - ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Miguel Gontevnik
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #