

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000107104

**Entity Name:** NPOWER VOLLEYBALL, L.L.C.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5906 FALCONSIDE ROAD  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2195  
SEFFNER, FL 335832195

**New Mailing Address:**

**FEI Number:** 27-1288899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLAIR, ANNMARIE A  
5906 FALCONSIDE ROAD  
LITHIA, FL 33547 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:** MGRM  
**Name:** BLAIR, ANNMARIE A  
**Address:** 5906 FALCONSIDE ROAD  
**City-St-Zip:** LITHIA, FL 33547

I hereby 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: ANNMARIE A BLAIR

DIR

04/05/2011

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