

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093637

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** SAMPSON BOXING OF RUSSIA, LLC

**Current Principal Place of Business:**

5397 ORANGE DRIVE  
202  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5397 ORANGE DRIVE  
202  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 45-2999395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARGULES, LEON R  
5397 ORANGE DRIVE  
202  
DAVIE, FL 33314 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:** LEWKOWICZ, SAMPSON  
**Address:** 5397 ORANGE DRIVE SUITE 202  
**City-St-Zip:** DAVIE, FL 33314

**Title:** MGRM  
**Name:** GRINBERG, BORIS  
**Address:** 12001 NW 6TH STREET  
**City-St-Zip:** PLANTATION, FL 33325

**Title:** MGRM  
**Name:** KOTELNIKOV, ALEXANDER  
**Address:** 12001 NW 6TH STREET  
**City-St-Zip:** PLANTATION, FL 33325

**Title:** MGR  
**Name:** BOODRAM, CLIFFORD  
**Address:** 13540 NW 6TH DRIVE  
**City-St-Zip:** PLANTATION, FL 33325

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:** CLIFFORD BOODRAM

MGR

01/04/2012

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