

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000107104

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

Current Principal Place of Business:

5906 FALCONSIDE ROAD
LITHIA, FL 33547

Current Mailing Address:

P.O. BOX 2195
SEFFNER, FL 33583-2195

FEI Number: 27-1288899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLAIR, ANNMARIE A
5906 FALCONSIDE ROAD
LITHIA, FL 33547 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	TRES
Name	BLAIR, ANNMARIE A	Name	MICHAEL, BLAIR J
Address	5906 FALCONSIDE ROAD	Address	5906 FALCONSIDE ROAD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNMARIE BLAIR

DIRECTOR

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date