

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

Title TRES  
Name MICHAEL, BLAIR J  
Address 5906 FALCONSIDE ROAD  
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