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: JENNIFER BOLGER	PRES

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: FULL TILT LACROSSE/FULL TILT LACROSSE CAMP, LLC **Current Principal Place of Business:**

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

4126 MANOR FOREST TRAIL BOYNTON BEACH, FL 33436

DOCUMENT# L10000049265

Current Mailing Address:

4126 MANOR FOREST TRAIL BOYNTON BEACH. FL 33436

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

MADDEN, JOHN WESQ. 900 SE OCEAN BLVD. SUITE 126-C STUART, FL 34994 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM	
Name	BOLGER, W. ANDREW	Name	BOLGER, JENNIFER	
Address	4126 MANOR FOREST TRAIL	Address	4126 MANOR FOREST TRAIL	
City-State-Zip:	BOYNTON BEACH FL 33436	City-State-Zip:	BOYNTON BEACH FL 33436	

02/28/2015 Date

Date

FILED Feb 28, 2015 Secretary of State CC5522589538

Certificate of Status Desired: No