

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093637

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

**Current Principal Place of Business:**

5397 ORANGE DRIVE  
202  
DAVIE, FL 33314

**Current Mailing Address:**

5397 ORANGE DRIVE  
202  
DAVIE, FL 33314

**FEI Number:** 45-2999395

**Certificate of Status Desired:** No

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

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

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

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

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLIFFORD BOODRAM

**FINANCE OFFICER**

**01/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date