# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000068552

#### Entity Name: NTN HOLDINGS, LLC

## **Current Principal Place of Business:**

2150 HARDEN BLVD. LAKELAND, FL 33803

## **Current Mailing Address:**

2150 HARDEN BLVD. LAKELAND, FL 33803

## FEI Number: 46-2772618

## Name and Address of Current Registered Agent:

FOSTER, BRUCE 2150 HARDEN BLVD. LAKELAND, FL 33803 US

Certificate of Status Desired: No

33803 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           | CEO                | Title           | MGR                |
|-----------------|--------------------|-----------------|--------------------|
| Name            | FOSTER, BRUCE      | Name            | MUSSER, LAWRENCE B |
| Address         | 2150 HARDEN BLVD.  | Address         | 2150 HARDEN BLVD.  |
| City-State-Zip: | LAKELAND FL 33803  | City-State-Zip: | LAKELAND FL 33803  |
| Title           | MGR                | Title           | MGR                |
| Name            | KIRKPATRICK, DAVID | Name            | RICHARDS, HARLEY M |
| Address         | 2150 HARDEN BLVD.  | Address         | 2150 HARDEN BLVD.  |
| City-State-Zip: | LAKELAND FL 33803  | City-State-Zip: | LAKELAND FL 33803  |
| Title           | MGR                |                 |                    |
| Name            | FOSTER, BRUCE      |                 |                    |
| Address         | 2150 HARDEN BLVD.  |                 |                    |
| City-State-Zip: | LAKELAND FL 33803  |                 |                    |
|                 |                    |                 |                    |

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: LAWRENCE MUSSER

MGR

01/11/2017

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Jan 11, 2017 Secretary of State CC9814551307