

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90021 012 ***138.75

DOCUMENT # L02000019955

1. Entity Name
SPECIALIZED GAMES, LLC



Principal Place of Business *See attached*
3125 NE 48 CT.
120
LIGHTHOUSE POINT, FL 33064 US

Mailing Address
2637 E. ATLANTIC BLVD.
PMB 158
POMPANO BEACH, FL 33062-4939

60004300



DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
04-3706862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, MIKE
3125 NE 48 CT.
120
LIGHTHOUSE POINT, FL 33064

See attached

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BRANCH, KENNETH W PRES.
390 HUNTINGTON ROAD
GAFFNEY, SC 29341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MOSS, MIKE VICE PR
3125 NE 48 CT. 120
LIGHTHOUSE POINT, FL 33064

See attached

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: *Mike Moss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-14-08

Date

Daytime Phone #

ATTACHMENT

60002506

Page 1 of 1

John Camp

From: Billy Guthrie [billy_guthrie@hotmail.com]
Sent: Monday, January 07, 2008 11:31 AM
To: John Camp
Subject: RE: Emailing: L02000019955-010408123548.pdf

John,

The principal place of business address is;
1311 N. Federal Hwy
Deerfield Beach, FL 33441

Mike Moss address is;
815 S. E. 19th Ave.
Apt. 101
Deerfield Beach, FL 33441

Billy

From: Campjohn@bellsouth.net
To: billy_guthrie@hotmail.com
Subject: Emailing: L02000019955-010408123548.pdf
Date: Fri, 4 Jan 2008 13:38:10 -0500

IS THE INFORMATION ON THIS "FORM" CORRECT , AS SHOWN?