

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90071 004 ****50.00

DOCUMENT # L03000022936

1. Entity Name
RICHARDSON SPORTS, LLC



Principal Place of Business
**630 S SAPODILLA AVE PH29
WEST PALM BEACH, FL 33401**

Mailing Address
**630 S SAPODILLA AVE PH29
WEST PALM BEACH, FL 33401**

24016547



2. Principal Place of Business
**100 S. DIXIE Hwy.
Suite, Apt. #, etc.
SUITE 204**

3. Mailing Address
**100 S. DIXIE Hwy.
Suite, Apt. #, etc.
SUITE 204**

02292004 Chg-LLC CR2E083 (10/03)

City & State
WEST PALM BEACH, FL
Zip
33401

City & State
WEST PALM BEACH, FL
Zip
33401

4. FEI Number
01-0788812
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**RICHARDSON, KENNY
630 S SAPODILLA AVE PH29
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent
Name **KENNY RICHARDSON**
Street Address (P.O. Box Number is Not Acceptable)
3123 FLORIDA MANGO Rd.
City **LAKE WORTH** FL Zip Code **33461**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARDSON, KENNY			NAME	RICHARDSON, KENNY		
STREET ADDRESS	630 S SAPODILLA AVE PH29			STREET ADDRESS	3123 FLORIDA MANGO Rd.		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	LAKE WORTH, FL 33461		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenny Richardson MARCH 7, 2004 (561) 644-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #