

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000025781

1. Entity Name
LOTSLOTS, L.L.C.



Principal Place of Business

2240 PALM BEACH LAKES BLVD
SUITE 400
WEST PALM BEACH, FL 33409

Mailing Address

2240 PALM BEACH LAKES BLVD.
SUITE 400
WEST PALM BEACH, FL 33409



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

32-0087571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINNS, MYLES
2240 PALM BEACH LAKES BLVD., STE 400
WEST PALM BEACH, FL 33409

**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	MGRM
NAME	MINNS, MYLES
STREET ADDRESS	2240 PALM BEACH LAKES BLVD, STE 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
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000000921296
05/15/08-80001-003 138.75

**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: _____

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

4/24/08

Date

561-689-4766

Daytime Phone #