

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000029043

**FILED**  
**Oct 30, 2009**  
**Secretary of State**

**Entity Name:** SPORTS FANS, LLC

**Current Principal Place of Business:**

11219 THONOTOSASSA RD  
FRANCHISE OFFICE  
THONOTOSASSA, FL 33592

**New Principal Place of Business:**

**Current Mailing Address:**

11219 THONOTOSASSA RD  
THONOTOSASSA, FL 33592

**New Mailing Address:**

**FEI Number:** 51-0477152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TURNER, STEVE  
11219 THONOTOSASSA RD.  
THONOTOSASSA, FL 33592      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:** STEVE TURNER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CFO      ( ) Delete  
**Name:** TURNER, STEPHEN  
**Address:** 11219 THONOTOSASSA ROAD  
**City-St-Zip:** THONOTOSASSA, FL 33592

**ADDITIONS/CHANGES:**

**Title:** MEMB      (X) Change ( ) Addition  
**Name:** TURNER, STEPHEN  
**Address:** 11219 THONOTOSASSA ROAD  
**City-St-Zip:** THONOTOSASSA, FL 33592

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:** STEVE TURNER

MEMB

10/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date