## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000050952

Entity Name: THE PLAYER'S CONNECTION OF FLORIDA, LLC

**FILED** Apr 29, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

12900 W. STATE ROAD 84, DAVIE, FL 33325

**Current Mailing Address: New Mailing Address:** 

12900 W. STATE ROAD 84 DAVIE, FL 33325

FEI Number: 20-0473222 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TORRES, OSVALDO F TORRES, OSVALDO F ADORNÓ & YOSS LLP ROTHSTEIN ROSENFELDT ADLER 2525 PONCE DE LEON BLVD., STE. 400 401 E. LAS OLAS BLVD., SUITE 1650 CORAL GABLES, FL 33134 US FT. LAUDERDALE, FL 33301 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: OSVALDO F. TORRES

04/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

TORRES, OSVALDO F Name: Name: Address: 12900 W. STATE ROAD 84 Address: City-St-Zip: DAVIE, FL 33325 US City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: TORRES, STACY F Name: Address: 12900 W. STATE ROAD 84 Address: City-St-Zip: DAVIE, FL 33325 US City-St-Zip:

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: OSVALDO F. TORRES 04/29/2009