

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051568

Entity Name: XZILR8ING ENTERPRISES, L.L.C.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

909 -- 49TH STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5917 SKIMMER PT BLVD. S.
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 20-0472756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALIN, THOMAS R III
5917 SKIMMER PT BLVD. S.
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MALIN, THOMAS R III
Address: 5917 SKIMMER PT BLVD. S.
City-St-Zip: GULFPORT, FL 33707

Title: MGR () Delete
Name: MALIN, L. A
Address: 5917 SKIMMER POINT BLVD. SOUTH
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: THOMAS R. MALIN, III

MGR

04/21/2009

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