

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000049579

Entity Name: SWING KING, LLC

**FILED**  
**Nov 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

8390 CHAMPIONS GATE BLVD. SUITE 108  
CHAMPIONS GATE, FL 33896

**New Principal Place of Business:**

1410 MASTERS BLVD  
CHAMPIONS GATE, FL 33896

**Current Mailing Address:**

8390 CHAMPIONS GATE BLVD. SUITE 108  
CHAMPIONS GATE, FL 33896

**New Mailing Address:**

1410 MASTERS BLVD  
CHAMPIONS GATE, FL 33896

FEI Number: 20-1382580      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:**

LEADBETTER, DAVID  
8390 CHAMPIONSGATE BLVD  
CHAMPIONSGATE, FL 33896      US

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

LEADBETTER, DAVID  
1410 MASTERS BLVD  
CHAMPIONSGATE, FL 33896      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: DAVID LEADBETTER

11/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: D      ( ) Delete  
Name: LEADBETTER, DAVID  
Address: 1410 MASTERS BLVD  
City-St-Zip: CHAMPIONSGATE, FL 33896

**ADDITIONS/CHANGES:**

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: DAVID LEADBETTER

MGR

11/19/2009

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