

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90114 024 \*\*\*138.75

<b>DOCUMENT # L04000083414</b>					
<b>1. Entity Name</b> WRESTLEREUNION, LLC				<b>Principal Place of Business</b> 19 FAYETTE DRIVE OCEAN RIDGE, FL 33435	
<b>Mailing Address</b> C/O GLANTZ & GLANTZ PA 7951 SW 6TH PLANTATION, FL 33324				<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	
<b>3. Mailing Address</b> Suite, Apt. #, etc.				<b>4. City &amp; State</b> City: _____ State: _____	
<b>5. Zip</b> _____		<b>6. Country</b> _____		<b>7. City &amp; State</b> City: _____ State: _____	
<b>8. Name and Address of Current Registered Agent</b> GLANTZ, RONALD P 7951 SW 6TH STREET PLANTATION, FL 33324				<b>9. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: <b>FL</b> Zip Code: _____	
<b>10. 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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when retreating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
<b>11. MANAGING MEMBERS / MANAGERS</b>			<b>12. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CORRENTE, SAL A 19 FAYETTE DRIVE OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>13. 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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			Date: <i>4/17/08</i> Daytime Phone #: <i>310-466-0123</i>		