

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000038230

1. Entity Name
FLORIDA PLAYSTRUCTURES, LLC



Principal Place of Business
**1037 EAST BRANDON BLVD.
BRANDON, FL 33511 US**

Mailing Address
**1037 EAST BRANDON BLVD.
BRANDON, FL 33511 US**



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1666297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEIDA, MICHAEL
4626 WEST NORTH B STREET
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WEIDA, MICHAEL C
1037 EAST BRANDON BLVD.
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MAYNARD-JONES, GINDY L
1037 EAST BRANDON BLVD.
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PATRICK, DOUGLAS
1037 EAST BRANDON BLVD.
BRANDON, FL 33511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UG00000856296
03/28/08-80007-012 138.75

**DO NOT WRITE
IN THIS SPACE**

11. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #