

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000045436

**Entity Name:** TRICK SHOTS, LLC

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2781 WEST STATE ROAD 434  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2781 WEST STATE ROAD 434  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 06-1746396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, LANCE D  
2781 WEST STATE ROAD 434  
LONGWOOD, FL 32779 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:** MGRM  
**Name:** SMITH, LANCE D  
**Address:** 2781 WEST STATE ROAD 434  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGRM  
**Name:** TRICK SHOTS FRANCHISING, INC.  
**Address:** 2781 WEST STATE ROAD 434  
**City-St-Zip:** LONGWOOD, FL 32779

I hereby 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: LANCE D SMITH

MGRM

03/08/2012

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