

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000066494

1. Entity Name
SEMINOLE BOXING AND PROMOTIONS, LLC



Principal Place of Business
5397 ORANGE DR
202
DAVIE, FL 33814 US

Mailing Address
6300 STIRLING ROAD
HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90049 036 ***138.75

60030365



04162008 No Chg-LLC CR2E083 (12/07)

| | |
|----------------------------------|---|
| 4. FEI Number 20-8054262 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MARGULES, LEON R
5397 ORANGE DR
202
DAVIE, FL 33814

**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 | MGR |
| NAME | <i>Leon Margules</i> |
| STREET ADDRESS | 6300 STIRLING ROAD |
| CITY-ST-ZIP | HOLLYWOOD, FL 33024 |

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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: *Clifford Booc*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/23/08 9549314643
Date Daytime Phone #