



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90029 021 ***138.75

DOCUMENT # L05000074520 1. Entity Name EXTREME PUBLISHING, LLC						
Principal Place of Business 20855 NE 16TH AVE UNIT C16 NORTH MIAMI BEACH, FL 33179			Mailing Address 20855 NE 16TH AVE UNIT C16 NORTH MIAMI BEACH, FL 33179			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-3240574		
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ROSENBERG, ARTHUR R 1499 W. PALMETTO PARK ROAD, SUITE 300 BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM- LQD ADRENALINA, LLC 20855 NE 16TH AVE UNIT C16 NORTH MIAMI BEACH, FL 33179		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR Adrenalina Incorporated 20855 NE 16th Avenue, Unit C16 North Miami Beach, FL 33179	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  JEFFREY GELLER 04/29/08 305-770-4488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>						