

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092833

**FILED**  
**Feb 24, 2009**  
**Secretary of State**

**Entity Name:** MATT SLOAN'S KOMIC KUSTOMS LTD. CO.

**Current Principal Place of Business:**

1418 SW 13TH TERRACE  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

1418 SW 13TH TERRACE  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

FEI Number: 26-1769264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LEININGER, MARTIN  
3518 SE 17TH PLACE  
CAPE CORAL, FL 33904 US

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

LEININGER, MARTIN J  
3518 SE 17TH PLACE  
CAPE CORAL, FL 33904 US

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: MARTIN J LEININGER

02/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: SLOAN, MATTHEW  
Address: 1418 SW 13TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: SLOAN, MATTHEW C  
Address: 1418 SW 13TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MATTHEW C SLOAN

P

02/24/2009

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