

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021384

Entity Name: TAMPA HAT TRICK, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

9614 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

9614 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 20-4406958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORWIN, ADAM
9614 TREE TOPS LAKE ROAD
TAMPA, FL 33626 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORWIN, ADAM
Address: 9614 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: CORWIN, LORRIE
Address: 9614 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM () Delete
Name: WETZORK, ROBERT
Address: 841 ISLEBAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: MGRM () Delete
Name: WETZORK, BROOKE
Address: 841 ISLEBAY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADAM CORWIN

MGRM

05/01/2009

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