


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L06000070031 1. Entity Name CITRUS SPORTS & APPAREL, LLC |  |
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|---|---|
| Principal Place of Business 560 NORTH CITRUS AVENUE, SUITE B CRYSTAL RIVER, FL 34428 US | Mailing Address 560 NORTH CITRUS AVENUE, SUITE B CRYSTAL RIVER, FL 34428 US |
|---|---|

DO NOT WRITE IN THIS SPACE



03142008No Chg-LLC CR2E083 (12/07)

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|---|--|
| 4. FEI Number 20-5202817 | 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

WILSON, GINA
560 NORTH CITRUS AVENUE, SUITE B
CRYSTAL RIVER, FL 34428

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

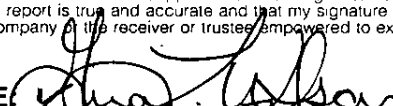
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM WILSON, GINA 9044 NORTH SANTOS DRIVE CITRUS SPRINGS, FL 34434 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM VIVERITO, ANTHONY 9013 NORTH JOANN DRIVE CITRUS SPRINGS, FL 34434 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000866962
04/08/08-80040-018 138.75

**DO NOT WRITE
IN THIS SPACE**

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  **3-19-08** **352-564-9402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #