2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**



FILED

Aug 04, 2008 8:00 am Secretary of State

08-04-2008 90053 046 ***138.75 **DOCUMENT # L06000081289** 1. Entity Name KENLAN SPORTS, LLC COUDEANA Principal Place of Business Mailing Address 12331 TOWNE LAKE DRIVE 12331 TOWNE LAKE DRIVE SUITE #8 SUITE #8 FORT MYERS, FL 33913 FORT MYERS, FL 33913 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07232008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 20-5610563 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN & GRIGSBY, F.C Street Address (P.O. Box Number is Not Acceptable) 27200 RIVERVIEW CENTER BLVD., SUITE 309 BONITA SPRINGS, FL 34134 Zip Code ٠,٠ 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 Make check payable to FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Florida Department of State Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** ☐ Addition TITLE TITLE 💢 Delete Cindy Kennedy 12331 Towne LAKE DR NAME KENNEDY, JOHN-R NAME 664-ASTON GREEN-BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LEHICH ACRES, FL-33936** CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE LANCTOT, DIANE MAME NAME STREET ADDRESS 5790 RUE PARE STREET ADDRESS CITY-ST-ZIP MONTREAL, QU H4P 2M2 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

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 c+ the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CANALING MEMBER, M SIGNATURE: NAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #