

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097392

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: TORCHIERE ATHLETICS, LLC

**Current Principal Place of Business:**

13402 DRYSDALE AVE  
PORT CHARLOTTE, FL 33981 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 61959  
FORT MYERS, FL 33906 US

**New Mailing Address:**

FEI Number: 20-5785027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WICKSTROM, CHRISTOPHER M  
5235 RED CEDAR DR.  
2  
FORT MYERS, FL 33907 US

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

WICKSTROM, CHRISTOPHER M  
6321 ARAGON WAY  
305  
FORT MYERS, FL 33912 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: CHRIS WICKSTROM

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WICKSTROM, CHRISTOPHER M  
Address: 5235 RED CEDAR DR. #2  
City-St-Zip: FORT MYERS, FL 33907 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WICKSTROM, CHRISTOPHER M  
Address: 6321 ARAGON WAY #305  
City-St-Zip: FORT MYERS, FL 33912 US

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: CHRIS WICKSTROM

MGR

04/29/2008

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