

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121267

Entity Name: K.O. ATHLETICS LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

1725 S. NOVA ROAD
B-10
DAYTONA BEACH, FL 32119

Current Mailing Address:

P.O. BOX 2653
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

1725 S. NOVA ROAD
D-7
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 76-0846445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUNKILTON, RICHARD A JR.
1190 BOLTON RD.
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: CRUNKILTON, RICHARD A JR.
Address: P.O. BOX 2653
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: MGR () Delete
Name: BARROS, RICARDO D
Address: 1190 BOLTON RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR () Delete
Name: CRUNKILTON, JAMES M
Address: 472 WILDWOOD DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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:

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: RICHARD CRUNKILTON JR

MGR

01/07/2008

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