

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005367

FILED
Jul 09, 2008
Secretary of State

Entity Name: MATT PRATER KICKING CONSULTANTS LLC

Current Principal Place of Business:

6678 BROKEN ARROW ROAD
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6678 BROKEN ARROW ROAD
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR () Delete
Name: PRATER, MATT
Address: 6678 BROKEN ARROW ROAD
City-St-Zip: FT. MYERS, FL 33912

Title: MGR () Delete
Name: PRATER, JOHN
Address: 6678 BROKEN ARROW ROAD
City-St-Zip: FT. MYERS, FL 33912

Title: ST () Delete
Name: PRATER, MATT
Address: 6678 BROKEN ARROW ROAD
City-St-Zip: FT. MYERS, FL 33912

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: MATTHEW PRATER

PRES

07/09/2008

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