

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009869

Entity Name: SPORTS CHIX LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

875 12TH ST.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

875 12TH ST.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 20-8130468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERDYCE, ANTHONY
2850 TANGLEWYLDE DRIVE
LAND O'LAKES, FL 34638 US

Name and Address of New Registered Agent:

FORDYCE, ANTHONY
2850 TANGLEWYLDE DRIVE
LAND O'LAKES, FL 34638 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: ANTHONY FORDYCE

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LACEY, LESLEE
Address: 2713 WEST BRADDOCK
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: LACEY, DIANNA A
Address: 875 12TH ST.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: FORDYCE, ANTHONY C
Address: 2850 TANGLEWYLDE DR.
City-St-Zip: LAND O LAKES, FL 34638

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: ANTHONY FORDYCE

MGR

04/14/2009

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