

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000014393

1. Entity Name
10 BUCKING BULLS LLC



Principal Place of Business
C/O MCCORMACK ADVISORS INTERNATIONAL
1360 E. 9TH STREET, SUITE 100
CLEVELAND, OH 44114

Mailing Address
C/O MCCORMACK ADVISORS INTERNATIONAL
1360 E. 9TH STREET, SUITE 100
CLEVELAND, OH 44114

FILED

09 SEP -9 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
C/O MAI Wealth Advisors

3. Mailing Address
c/o MAI Wealth Advisors

Suite, Apt. #, etc.
1360 E. 9th St., #1100

Suite, Apt. #, etc.
1360 E. 9th St., #1100

City & State
Cleveland, OH

City & State
Cleveland, OH

Zip
44114-1782

Country

Zip
44114-1782

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PENNINGTON, JAMES
1360 E. 9TH STREET, SUITE 100
CLEVELAND, OH 44114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Pennington, James
1360 E. 9th St., #1100
Cleveland, OH 44114-1782 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400160312684
09/03/09--01041--001 **138.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

James C. Pennington

James C. Pennington

216/522-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #