

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/4/2008-90001-018-\$138.75-\$138.75

FILED

08 OCT -9 PM 1:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000017898			
1. Entity Name NEW AGE PAINTBALL LLC			
Principal Place of Business 2516 MARLOWE PL. COCOA, FL 32926		Mailing Address 2516 MARLOWE PL. COCOA, FL 32926	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 74-320 4769		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEIGLER, JEREMIE L 1800 WOODLAKE DR. APT# 202 PALM BAY, FL 32905		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZEIGLER, JEREMIE L 1800 WOODLAKE DR. PALM BAY, FL 32905 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Zeigler, Jeremie 1800 Duxtown Dr. PALM BAY FL, 32905 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDER, BRENDON W 2516 MARLOWE PL. COCOA, FL 32926 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSCHANN, ADAM D 4117 PINWOOD DR. PALM BAY, FL 32905 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSCHANN, ADAM D. 1294 PORT MALABAR BLVD NE PALM BAY, FL 32905 ☒ 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	☐ Change ☐ Addition
TITLE NAME 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:  Brendon Eder		8/30/08 321-432-0876	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	