

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035291

FILED
Apr 13, 2008
Secretary of State

Entity Name: SPEEDWAY EMERGENCY MANAGEMENT/PROMOTIONS, LLC

Current Principal Place of Business:

1382 LAQUINTA CT
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

1382 LAQUINTA CT
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: MARCHESE, DOMINICK A
Address: 1382 LAQUINTA CT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: MARCHESE, DOMINICK A
Address: 1382 LAQUINTA CT.
City-St-Zip: WINTER SPRING, FL 32708 US

Title: MGRM () Change (X) Addition
Name: MARCHESE, DOMINICK A
Address: 1382 LAQUINTA CT.
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: DOMINICK A. MARCHESE

MR.

04/13/2008

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