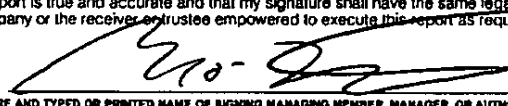


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-06-2008 90122 042 ***138.75

DOCUMENT # L07000051052 1. Entity Name UNSTOPPABLE MOMENTUM, LLC					
Principal Place of Business 5379 OCEAN BLVD. SARASOTA, FL 34242			Mailing Address 5379 OCEAN BLVD. SARASOTA, FL 34242		
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 26-0175386	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HESTER, GORDON 5379 OCEAN BLVD. SARASOTA, FL 34242				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 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	MGR HESTER, GORDON P.O. BOX 35246 SARASOTA, FL 342425246	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTI, JEFF P.O. BOX 35246 SARASOTA, FL 342425246	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
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:  2/4/08 94926-1800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					