

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 022 ***143.75

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DOCUMENT # L07000064488 1. Entity Name POWELL RACING, LLC					
Principal Place of Business 2090 SOUTH NOVA ROAD FRONT OFFICE SOUTH DAYTONA, FL 32119 US			Mailing Address 2090 SOUTH NOVA ROAD FRONT OFFICE SOUTH DAYTONA, FL 32119 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 291729 Suite, Apt. #, etc.			
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL		4. FEI Number 26-0706507	
Zip 32129	Country U.S.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POWELL, DESI P 2090 SOUTH NOVA ROAD FRONT OFFICE SOUTH DAYTONA, FL 32119			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 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	MGR POWELL, DESI P 2090 SOUTH NOVA ROAD, FRONT OFFICE SOUTH DAYTONA, FL 32119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Desi P. Powell</i>			Date 7-2-08 Daytime Phone # 386-756-8543		