

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

04-07-2008 90234 013 ***138.75

DOCUMENT # L07000078560 1. Entity Name RJ MOTORSPORTS MANAGEMENT LLC					
Principal Place of Business 1230 SW 6TH STREET POMPAHO BEACH, FL 33069			Mailing Address 1230 SW 6TH STREET POMPAHO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 26-2501820				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				03292008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent JONES, RICK 1230 SW 6TH STREET POMPAHO BEACH, FL 33069			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	MGRM JONES, RICK 1230 SW 6TH STREET POMPAHO BEACH, FL 33069		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	
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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: X R JONES PRES. 4/2/08 959-784-6864 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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