

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

03-24-2008 90236 025 ***143.75

DOCUMENT # L07000107866

1. Entity Name
SPUD GUN EXTREME, LLC



Principal Place of Business
**11523 MISTY ISLE LANE
RIVERVIEW, FL 33579**

Mailing Address
**11523 MISTY ISLE LANE
RIVERVIEW, FL 33579**

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

01032008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
26-1314831

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENIGNI, NICHOLAS P A
11523 MISTY ISLE LANE
RIVERVIEW, FL 33579**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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
**President / Manager
Nicholas P. Benigni
11523 Misty Isle Lane
Riverview, FL 33579** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST - ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Nicholas P. Benigni

03/14/2008

(813)217-2678

Date

Daytime Phone #