

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108804

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

**Entity Name:** MIDWEST SPORTS DISTRIBUTORS, LLC

**Current Principal Place of Business:**

ATTN: BOB SCHUELER  
955 LIVE OAK ST  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

955 LIVE OAK ST  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

ATTN: BOB SCHUELER  
955 LIVE OAK ST  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

12415 PLANTATION PINE LN  
104  
TAMPA, FL 33635

**FEI Number:** 26-1797996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
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: MGR ( ) Delete  
Name: LAFOND, DANIEL R  
Address: 334-A E COLFAX  
City-St-Zip: PALATINE, IL 60067

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAFOND, DAN R  
Address: 334-A E COLFAX  
City-St-Zip: PALATINE, IL 60067

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: DAN LAFOND

VP

02/25/2009

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