

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112296

FILED
Sep 19, 2008
Secretary of State

Entity Name: IRON HORSE MARTIAL ARTS, LLC

Current Principal Place of Business:

1425 TUSKAWILLA RD
193
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1425 TUSKAWILLA RD
193
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 26-1362990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STERN, MARCUS
2730 HANDLEY BLVD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

HOEHN, RICHARD
4009 STONEFEILD DR
ORLANDO, FL 32826 US

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: RICHARD HOEHN

09/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STERN, MARCUS
Address: 2730 HANDLEY BLVD
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: CERVELLERA, NICHOLAS JON
Address: 13850 GINGER CREEK BLVD.
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOEHN, RICHARD
Address: 4009 STONEFEILD DR
City-St-Zip: ORLANDO, FL 32826

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD HOEHN

MGRM

09/19/2008

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