

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118637

FILED
Mar 29, 2009
Secretary of State

Entity Name: MTK SPORTS TRAINING LLC

Current Principal Place of Business:

6002 WHISPERING TREES LANE
PORT ORANGE, FL 32128

New Principal Place of Business:

6004 WHISPERING TREES LANE
PORT ORANGE, FL 32128

Current Mailing Address:

6002 WHISPERING TREES LANE
PORT ORANGE, FL 32128

New Mailing Address:

6004 WHISPERING TREES LANE
PORT ORANGE, FL 32128

FEI Number: 32-0223656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILITTI, MICHAEL J
6002 WHISPERING TREES LANE
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

MILITTI, MICHAEL J
6004 WHISPERING TREES LANE
PORT ORANGE, FL 32128 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: MICHAEL MILITTI

03/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILITTI, MICHAEL J
Address: 6002 WHISPERING TREES LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR () Delete
Name: LUBY, TIM J
Address: 1319 CREPE MYRTLE LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR () Delete
Name: BURKE, KIMBERLY M
Address: 6004 WHISPERING TREES LANE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILITTI, MICHAEL J
Address: 6001 WHISPERING TREES LANE
City-St-Zip: PORT ORANGE, FL 32128

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

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: KIMBERLY BURKE

MGR

03/29/2009

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