
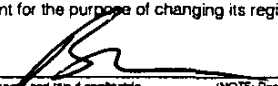


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90230 028 ***138.75

DOCUMENT # L07000119294					
1. Entity Name SPIN-WIN PSL ARCADE LLC					
Principal Place of Business 8410 S US HWY 1 LAKES PLAZA PORT ST LUCIE, FL 34952			Mailing Address 8410 S US HWY 1 LAKES PLAZA PORT ST LUCIE, FL 34952		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERNDON, BIRAN C 8410 S US HWY 1 <i>Change of Address →</i> LAKES PLAZA PORT ST LUCIE, FL 34952				Name <u>Herndon, Biran C</u> Street Address (P.O. Box Number is Not Acceptable) <u>1971 SE Port St Lucie Blvd</u> <u>Port St Lucie, FL 34952</u> City <u>FL</u> Zip Code <u>34952</u>	
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 				DATE <u>4/2/08</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
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	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, CONNIE		NAME		
STREET ADDRESS	8410 S US HWY 1		STREET ADDRESS		
CITY - ST - ZIP	PORT ST LUCIE, FL 34952		CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEW, DAYWHOTE		NAME		
STREET ADDRESS	8410 S US HWY 1		STREET ADDRESS		
CITY - ST - ZIP	PORT ST LUCIE, FL 34952		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Connie M. Barnes</u> <u>Connie M. Barnes</u> <u>772-204-3700</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date <u>4/18/2008</u> Daytime Phone #					