

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119294

Entity Name: SPIN-WIN PSL ARCADE LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

8410 S US HWY 1
LAKES PLAZA
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8410 S US HWY 1
LAKES PLAZA
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: 26-1384083 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:

HERNDON, BIRAN C
1971 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34952 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: MGRM () Delete
Name: BARNES, CONNIE
Address: 8410 S US HWY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM () Delete
Name: SIEW, DAYWHOTE
Address: 8410 S US HWY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: BARNES, DAVID
Address: 8410 S US HWY1
City-St-Zip: PORT ST. LUCIE, FL 34952

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: CONNIE BARNES

MGRM

05/01/2009

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