## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Aug 28, 2008 8:00 am Secretary of State DOCUMENT # L07000120793 08-28-2008 90039 024 \*\*\*543.75 **ROUTE 17 SPORTS LOUNGE, LLC** Principal Place of Business Mailing Address 3149 DUNCAN ROAD 29324 LEAH ROAD **PUNTA GORDA FL 33982** PUNTA GORDA FL 33982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 2nd MOORE CR2E083 (4/08) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNWELL, KIMBERLY D Street Address (P.O. Box Number is Not Acceptable) 29324 LEAH ROAD PUNTA GORDA FL 33982 City Zip Code 8. The above named antity 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 8-92-08 inted name of registered agent and Life if applicable. (NOTE Registered Agent signature required when reinstating) S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 FILE NOW!!! FEE IS \$538.75 late fee. By checking this box, the limited liability Make Check Payable to Florida Department of State company certifies it did not receive prior notice. Fee to Due By September 3, 2008 file is \$138.75 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM ☐ Delete DILE ☐ Change ☐ Addition NAME CORNWELL, KIMBERLY D NAME STREET ADDRESS 29324 LEAH ROAD STREET ADDRESS CITY-ST-7IP PUNTA GORDA FL 33982 CITY-ST-ZIP TITLE MGRM ☐ Delete ☐ Change ☐ Addition NAME CORNWELL, THOMAS L NAME STREET ADDRESS 29324 LEAH ROAD STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33982 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

**FILED** 

Daytime Phone #