

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000001437

Entity Name: MONSTER MAGIC, LLC

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

21 EVONAIRE CIRCLE  
BELLEAIR, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

21 EVONAIRE CIRCLE  
BELLEAIR, FL 33756

**New Mailing Address:**

FEI Number: 26-1983740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVELLINI, PETER A  
911 CHESNUT STREET  
CLEARWATER, FL 33756 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  
Name: COLE, CLINT H  
Address: 21 EVONAIRE CIRCLE  
City-St-Zip: BELLEAIR, FL 33756 US

Title: MGRM  
Name: COLE, TRENT  
Address: 880 MANDALAY AVE., UNIT N614  
City-St-Zip: CLEARWATER, FL 33767 US

Title: MGRM  
Name: MORASH, JEREMY  
Address: 14 EVONAIRE CIRCLE  
City-St-Zip: BELLEAIR, FL 33756 US

Title: MGRM  
Name: COLE, ROBERT H  
Address: 860 ELDORADO  
City-St-Zip: CLEARWATER, FL 33767 US

I hereby 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: CLINT H. COLE

MGRM

03/30/2011

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