

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007394

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** PLAY LIKE A KID AGAIN!, LLC

**Current Principal Place of Business:**

1344 ANNA CATHERINE DR.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

1344 ANNA CATHERINE DR.  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 26-2091332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNBERLAND, GERHARD  
2487 LAKE CORA ROAD  
APOPKA, FL 32712 US

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

HUNGERLAND, GERHARD  
2487 LAKE CORA ROAD  
APOPKA, FL 32712 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:** GERHARD HUNGERLAND

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HUNGERLAND, MICHAEL  
**Address:** 1344 ANNA CATHERINE DR.  
**City-St-Zip:** ORLANDO, FL 32828

**Title:** MGRM ( ) Delete  
**Name:** HUNGERLAND, STEPHEN  
**Address:** 1344 ANNA CATHERINE DR.  
**City-St-Zip:** ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

**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:** STEPHEN HUNGERLAND

MGRM

04/27/2009

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