

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056449

Entity Name: FAIR PLAY ZONE, LLC

FILED
Jun 17, 2009
Secretary of State

Current Principal Place of Business:

41 G FAIR POINT DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

3417 GULF BREEZE PKWY
GULF BREEZE, FL 32563

Current Mailing Address:

41 G FAIR POINT DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

3417 GULF BREEZE PKWY
GULF BREEZE, FL 32563

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

FAIR PLAY SPORTS, LLC
41 G FAIR POINT DRIVE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

FAIR PLAY SPORTS, LLC
3417 GULF BREEZE PKWY.
GULF BREEZE, FL 32563 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:

06/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BENOIT, CATHY C
Address: 2544 FRANK CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: WATTS, PAUL
Address: 7224 MANATEE ST
City-St-Zip: NAVARRE, FL 32566

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: CATHY BENOIT

MGR

06/17/2009

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