

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065384

FILED
Apr 02, 2009
Secretary of State

Entity Name: SLIN SPORTS ENTERPRISES, LLC

Current Principal Place of Business:

12225 HUNTERS HAVEN LN.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

12225 HUNTERS HAVEN LN.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 26-2941335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, NILS
8004 NW 31ST AVE.
A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

LEONARD, NILS
12225 HUNTERS HAVEN LANE
JACKSONVILLE, FL 32224 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:

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEONARD, NILS
Address: 8004 NW 31ST AVE. APT A
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGR () Delete
Name: LEONARD, WILLIAM J
Address: 8004 NW 31ST AVE., APT A
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEONARD, NILS
Address: 12225 HUNTERS HAVEN LANE
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGR (X) Change () Addition
Name: LEONARD, WILLIAM J
Address: 12225 HUNTERS HAVEN LANE
City-St-Zip: JACKSONVILLE, FL 32224 US

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: NILS LEONARD

MGR

04/02/2009

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