

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080351

Entity Name: FRONTROWJERSEYS LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2024 LORI ANN ST.
BRANDON, FL 33510

New Principal Place of Business:

1808 ABBEY TRACE DRIVE
DOVER, FL 33527

Current Mailing Address:

2024 LORI ANN ST.
BRANDON, FL 33510

New Mailing Address:

1808 ABBEY TRACE DRIVE
DOVER, FL 33527

FEI Number: 26-3221365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, WILLY
1808 ABBEY TRACE DRIVE
DOVER, FL 33527 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: MGR () Delete
Name: KNIGHT, WILLY
Address: 1808 ABBEY TRACE DRIVE
City-St-Zip: DOVER, FL 33527

Title: MGR () Delete
Name: KNIGHT, MICHAEL
Address: 2024 LORI ANN ST.
City-St-Zip: BRANDON, FL 33510

Title: MGR (X) Delete
Name: KNIGHT, NICHOLAS
Address: 2024 LORI ANN ST.
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KNIGHT, MICHAEL
Address: 1808 ABBEY TRACE DRIVE
City-St-Zip: DOVER, FL 33527

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: WILLY KNIGHT

MGR

04/22/2009

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