

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095233

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: VIDEO GAMES CORNER, LLC

**Current Principal Place of Business:**

11565 S.W. 187TH TERRACE  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

11565 S.W. 187TH TERRACE  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 90-0416695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAYNOR, REMUS J III  
11565 S.W. 187TH TERRACE  
MIAMI, FL 33157 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 ( ) Delete  
Name: CHRINOS, YIMY  
Address: 19501 STERLING DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: GAYNOR, REMUS J III  
Address: 11565 S.W. 187TH TERRACE  
City-St-Zip: MIAMI, FL 33157

Title: MGRM ( ) Delete  
Name: RICHARDSON, CARL A  
Address: 210 ANNAS RETREAT  
City-St-Zip: ST. THOMAS VIRGIN ISLANDS, 00802

**ADDITIONS/CHANGES:**

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

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: YIMY CHRINOS

MGRM

04/28/2009

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