

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101990

**Entity Name:** UNCLE JIM'S ARCADE LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4107 S. TAMIAMI TRAIL  
VENICE, FL 32493

**New Principal Place of Business:**

**Current Mailing Address:**

4107 S. TAMIAMI TRAIL  
VENICE, FL 32493

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DEGROOT, WHELDON  
2434 HAVEN STREET  
PORT CHARLOTTE, FL 33948 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  
Name: SMITH, BRUCE T  
Address: 9270 SW LIPE ROAD  
City-St-Zip: ARCADIA, FL 34269

Title: MGRM  
Name: DEGROOT, WHELDON  
Address: 2434 HAVEN STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby 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: WHELDON DEGROOT

MGRM

01/05/2010

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