

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000056274

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PNEU-POWER CUES, XTREME BILLIARDS GEAR LLC

**Current Principal Place of Business:**

105 ARRICOLA AVE  
APT D  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

105 ARRICOLA AVE  
APT D  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 27-0415631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNE, BRUCE  
105 ARRICOLA AVE  
APT D  
ST. AUGUSTINE, FL 32080 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:** MMGR  
**Name:** JOHNE, BRUCE  
**Address:** 105 ARRICOLA AVE APT D  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** S  
**Name:** JOHNE, BRUCE  
**Address:** 105 ARRICOLA AVE APT D  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

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: BRUCE JOHNE

MMGR

04/24/2012

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