

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000059634

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** WRESTLING UNIVERSITY, L.L.C.

**Current Principal Place of Business:**

1423 AVON LANE  
UNIT 112  
NORTH LAUDERDALE, FL 33068 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551324  
DAVIE, FL 33355 US

**New Mailing Address:**

**FEI Number:** 80-0429777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORGAN, CHARLIE C II  
1423 AVON LANE  
UNIT 112  
NORTH LAUDERDALE, FL 33068 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:** MORGAN, DAVID A  
**Address:** 3544 NORMANDY DRIVE  
**City-St-Zip:** OAKLAND TOWNSHIP, MI 48306 US

**Title:** MGRM  
**Name:** MORGAN, CHARLIE C  
**Address:** 21417 PARKSIDE  
**City-St-Zip:** FERNDAL, MI 48220 US

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:** CHARLIE C. MORGAN, II

MR.

04/30/2011

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