

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061181

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** IN THE TRENCHES FANTASY FOOTBALL, LLC.

**Current Principal Place of Business:**

20648 WILD PLUM CT.  
LAND O LAKES, FL 34637 US

**New Principal Place of Business:**

**Current Mailing Address:**

20648 WILD PLUM CT.  
LAND O LAKES, FL 34637 US

**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:**

STROKA, BRIAN  
20648 WILD PLUM CT.  
LAND O LAKES, FL 34637 US

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

STROKA, CASSANDRA  
20648 WILD PLUM CT.  
LAND O LAKES, FL 34637 US

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: CASSANDRA STROKA

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STROKA, CASSANDRA G  
Address: 20648 WILD PLUM CT.  
City-St-Zip: LAND O LAKES, FL 34637 FL

Title: MGR  
Name: STROKA, BRIAN M  
Address: 20648 WILD PLUM CT  
City-St-Zip: LAND O LAKES, FL 34637

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: CASSANDRA STROKA

MGRM

04/28/2010

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