

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061968

Entity Name: CAGE ARTIST GROUP LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6030 EVERLASTING PLACE  
LAND O'LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

6030 EVERLASTING PLACE  
LAND O'LAKES, FL 34639

**New Mailing Address:**

FEI Number: 27-0444065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JANSSEN, LUKE M  
6030 EVERLASTING PLACE  
LAND O'LAKES, FL 34639 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: JANSSEN, LUKE M  
Address: 6030 EVERLASTING PLACE  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: MGRM  
Name: POLITO, RAYMOND J  
Address: 1766 LOMA LINDA ST.  
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM  
Name: COFFEY, MICHAEL B JR  
Address: 1455 CURLEW AVE. APT.# 4  
City-St-Zip: NAPLES, FL 34102 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: LUKE M. JANSSEN

MGRM

01/06/2010

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