

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000008936

Entity Name: RED ZONE APPAREL LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14045 CAIN AVENUE  
PORT CHARLOTTE, FL 33953 US

**New Principal Place of Business:**

**Current Mailing Address:**

14045 CAIN AVENUE  
PORT CHARLOTTE, FL 33953 US

**New Mailing Address:**

FEI Number: 27-1751054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WITHERS, JASON L  
14045 CAIN AVENUE  
PORT CHARLOTTE, FL 33953 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: MGR  
Name: WITHERS, AMY  
Address: 14045 CAIN AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: MGR  
Name: WITHERS, JASON L  
Address: 14045 CAIN AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: MGR  
Name: MANIS, MICHAEL  
Address: 637 ANDROS COURT  
City-St-Zip: PUNTA GORDA, FL 33950 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: JASON L WITHERS

MGR

03/15/2011

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