

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134233

Entity Name: SKULLBLING LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2112 ARBOR PARK DR  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

2112 ARBOR PARK DR  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAMBUECHEN, ELAYNE  
2112 ARBOR PARK DR  
WINTER PARK, FL 32789 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: HAMBUECHEN, BODO  
Address: 2112 ARBOR PARK DR  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM  
Name: MOELLS, OLIVER  
Address: IM KLEINEN WINKEL 3  
City-St-Zip: DUESSELDORF, NW 40489 D

Title: MGRM  
Name: HAMBUECHEN, ELAYNE  
Address: 2112 ARBOR PARK DR  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM  
Name: MOELLS, HEIKE  
Address: IM KLEINEN WINKEL 3  
City-St-Zip: DUESSELDORF, NW 40489 D

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: BODO HAMBUECHEN

MGRM

05/01/2012

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