

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90852 001 \*\*\*100.00

**DOCUMENT # M01000001089**

1. Entity Name  
**CLEARSHOT HOLDINGS, LLC**



Principal Place of Business

**7 GREAT VALLEY PKWY  
STE 129  
MALVERN, PA 19355**

Mailing Address

**7 GREAT VALLEY PKWY  
STE 129  
MALVERN, PA 19355**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**23-3061793**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BARILE, J. KEVIN  
4830 W. KENNEDY BLVD., STE 304  
TAMPA, FL 33609**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BARILE, J. KEVIN  
4830 W. KENNEDY BLVD., STE 304  
TAMPA, FL 33609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BENNETT, THOMAS  
7 GREAT VALLEY PKWY  
MALVERN, PA 19355**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OLD III, JONATHAN L  
7 GREAT VALLEY PKWY  
MALVERN, PA 19355**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MILLER, SARAH G  
7 GREAT VALLEY PKWY  
MALVERN, PA 19355**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LEE, DAVID U  
7 GREAT VALLEY PKWY  
MALVERN, PA 19355**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/24/04 (60-7X 9019