

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006486

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN WARRIOR NETWORKS, LLC

**Current Principal Place of Business:**

4400 PGA BLVD,  
SUITE 902  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4400 PGA BLVD,  
SUITE 902  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 26-1148988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUZANNE, SPILLERS  
4400 P.G.A.  
SUITE 902  
PALM BEACH GARDENS, FL 33410 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:** EVARD, TIMOTHY  
**Address:** 4400 PGA BLVD, SUITE 902  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** MGR  
**Name:** SPILLERS, RANDALL  
**Address:** 4400 PGA BLVD, SUITE 902  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** MGR  
**Name:** SPILLERS, SUZANNE  
**Address:** 4400 P.G.A. BLVD. SUITE 902  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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:** SUZANNE SPILLERS

MGR

04/29/2012

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