

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90015 001 ****50.00

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1. Entity Name

EAGLE BASEBALL CLUB, LLC



Principal Place of Business

7610 LEMONWOOD COURT
TAMPA FL 33625

Mailing Address

230 LAKESIDE COURT
APT 1126
ST CHARLES IL 60174

2. Principal Place of Business

3. Mailing Address

7 N LAKEWOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTH ELGIN IL

Zip

Country

60177

Country

USA

4. FEI Number

59-3733808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAVIK, CHARLES
7610 LEMONWOOD COURT
TAMPA FL 33625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SLAVIK, CHARLES
STREET ADDRESS 230 LAKESIDE COURT #1126
CITY-ST-ZIP ST CHARLES IL 60174

TITLE MGR ☒ Change ☐ Addition
NAME SLAVIK, CHARLES
STREET ADDRESS 7 N LAKEWOOD CT
CITY-ST-ZIP S ELGIN IL 60177

TITLE MGR ☐ Delete
NAME SLAVIK, LEDRA
STREET ADDRESS 230 LAKESIDE COURT #1126
CITY-ST-ZIP ST CHARLES IL 60174

TITLE MGR ☒ Change ☐ Addition
NAME SLAVIK, LEDRA
STREET ADDRESS 7 N LAKEWOOD CT
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-1-2005