

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90035 013 \*\*\*\*\*50.00

DOCUMENT # L01000017020

1. Entity Name

YOUTH SOCCER ACADEMY, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

20911 JOHNSON ST.

20911 JOHNSON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 116

SUITE 116

City & State

City & State

PEMBROKE PINES, FL

PEMBROKE PINES, FL

Zip

Zip

Country

Country

33029

33029

4. FEI Number

657148359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DIAMOND BARRY A

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

9728 W. SAMPLE ROAD

City

CORAL SPRINGS

FL

Zip Code

33065

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER  
NAME RAINUZZO FABIO  
STREET ADDRESS 977 WINDWARD WAY  
CITY-ST-ZIP WESTON, FL, 33327

TITLE MEMBER  
NAME SOUTO, RAUL  
STREET ADDRESS ARRIENOS 1435 P15  
CITY-ST-ZIP BUENOS AIRES (1426) ARGENTINA

TITLE MEMBER  
NAME MORENO ROBERTO  
STREET ADDRESS 8401 NW 17 ST  
CITY-ST-ZIP MIAMI, FL, 33126

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CITY-ST-ZIP

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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:

*Fabio Rainuzzo*

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

03-20-03 (954) 442-7959

Date

Daytime Phone #

CR2E0835 (12/02)