

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063304

**Entity Name:** CENTRAL FLORIDA MIRACLE LEAGUE OF ORLANDO LLC

**Current Principal Place of Business:**

9114 GALLEN DR  
ORLANDO, FL 32819

**Current Mailing Address:**

PO BOX 664  
WINDERMERE, FL 34786

**FEI Number:** 02-0535393

**Certificate of Status Desired:** No

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

PUCKETT, KELLY  
9114 GALLEN DR  
ORLANDO, FL 32819 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	PUCKETT, KELLY	Name	CENTRAL FLORIDA MIRACLE LEAGUE, INC
Address	9114 GALLEN DR	Address	P O BOX 664
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	WINDERMERE FL 34786

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KELLY PUCKETT

**PRESIDENT**

**03/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date