

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038019

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1901105821**

**Entity Name:** FLORIDA TRIPLE THREAT ALL STARS, LLC

**Current Principal Place of Business:**

2290 S.W. 71ST TERRACE  
DAVIE, FL 33317

**Current Mailing Address:**

1061 N.W. 115TH AVENUE  
PLANTATION, FL 33323

**FEI Number:** 27-0162942

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MGRM  
Name DAVIES, MATTHEW  
Address 1061 N.W. 115TH AVENUE  
City-State-Zip: PLANTATION FL 33323

Title MGRM  
Name DAVIES, CHERYL  
Address 1061 N.W. 115TH AVENUE  
City-State-Zip: PLANTATION FL 33323

*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:** CHERYL DAVIES

**MGRM**

**01/12/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date