

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069030

Entity Name: TRIPLE PLAY FISHING TEAM, LLC**Current Principal Place of Business:**3710 NE 27TH TERRACE
LIGHTHOUSE POINT, FL 33064**Current Mailing Address:**3710 NE 27TH TERRACE
LIGHTHOUSE POINT, FL 33064 US**FEI Number:** 45-5378892**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCLAUGHLIN, GREGORY A
110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE, FL 33301 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 | AUTHORIZED MEMBER |
| Name | MCLAUGHLIN, GREGORY A |
| Address | 3710 NE 27TH TERRACE |
| City-State-Zip: | LIGHTHOUSE POINT FL 33064 |

| | |
|-----------------|---------------------------|
| Title | AUTHORIZED MEMBER |
| Name | REPETSKI, MARK S |
| Address | 4241 NE 25TH AVENUE |
| City-State-Zip: | LIGHTHOUSE POINT FL 33064 |

| | |
|-----------------|---------------------------|
| Title | AUTHORIZED MEMBER |
| Name | SCHUTZ, ANTON V |
| Address | 3710 NE 27TH TERRACE |
| City-State-Zip: | LIGHTHOUSE POINT FL 33064 |

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: GREGORY A. MCLAUGHLIN

AUTHORIZED MEMBER

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date