

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000093809

**Entity Name:** SWIMMING TRIATHLON AND ATHLETIC DEVELOPMENT PROFESSIONALS, LLC

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC1357953889**

**Current Principal Place of Business:**

49 LARIAT CIRCLE  
BOCA RATON, FL 33487

**Current Mailing Address:**

49 LARIAT CIRCLE  
BOCA RATON, FL 33487 US

**FEI Number: 46-0745514**

**Certificate of Status Desired: No**

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

MAIR, SUZANNE  
6466 W SAMPLE ROAD  
CORAL SPRINGS, FL 33067 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 GAMORY, THADDEUS  
Address 49 LARIAT CIR  
City-State-Zip: BOCA RATON FL 33487

*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: THADDEUS GAMORY**

**MGRM**

**04/22/2015**

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

\_\_\_\_\_  
Date