

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000093809

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

**FILED**  
**Jun 28, 2020**  
**Secretary of State**  
**3927022871CC**

**Current Principal Place of Business:**

3731 NW 95TH TERR  
UNIT 1603  
SUNRISE, FL 33351

**Current Mailing Address:**

3731 NW 95TH TERR  
UNIT 1603  
SUNRISE, FL 33351 US

**FEI Number: 46-0745514**

**Certificate of Status Desired: Yes**

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

GAMORY, THADDEUS  
3731 NW 95TH TERR.  
1603  
SUNRISE, FL 33351 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:** THADDEUS GAMORY

06/28/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GAMORY, THADDEUS  
Address 3731 NW 95TH TERR  
UNIT 1603  
City-State-Zip: SUNRISE FL 33351

Title AUTHORIZED MEMBER  
Name POINTER-GAMORY, NOAH V  
Address 26 HEDGES RD  
City-State-Zip: WARWICK NY 10990

*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

**MANAGING MEMBER**

06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date