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.

MGR

SIGNATURE: LORENZO BROMELL

DOCUMENT# L13000111819 Entity Name: ELITE GLADIATORS FOOTBALL CAMPS LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

325 WINDCHIME WAY FREEPORT, FL 32439

Current Mailing Address:

325 WINDCHIME WAY FREEPORT. FL 32439 US

FEI Number: 47-2516037

Name and Address of Current Registered Agent:

BROMELL, ALEXANDRIA Y 325 WINDCHIME WAY FREEPORT, FL 32439 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:

Electror

Authorized Person(s

Title	MGR	Title	MGR
Name	BROMELL, LORENZO A	Name	BROMELL, ALEXANDRIA Y
Address	325 WINDCHIME WAY	Address	325 WINDCHIME WAY
City-State-Zip:	FREEPORT FL 32439	City-State-Zip:	FREEPORT FL 32439

nic Signature of Registered Agent				
Title	MGR			
Name	BROMELL, ALEXANDRIA Y			

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2017 Secretary of State CC8203127778

Certificate of Status Desired: No

Date

04/30/2017 Date