

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000111819

**Entity Name:** ELITE GLADIATORS FOOTBALL CAMPS LLC

**Current Principal Place of Business:**

325 WINDCHIME WAY  
FREEPORT , FL 32439

**Current Mailing Address:**

PO BOX 5381  
NICEVILLE, FL 32578

**FEI Number:** 47-2516037

**Certificate of Status Desired:** No

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

*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:** ALEXANDRIA BROMELL

**MBR**

**04/27/2015**

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

\_\_\_\_\_  
Date