

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000140330

**Entity Name:** SENIOR WOMEN'S LEGENDS LEAGUE, L.L.C.

**Current Principal Place of Business:**

6155 GRANDEUR STREET  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

6155 GRANDEUR STREET  
ENGLEWOOD, FL 34224

**FEI Number:** 46-4261667

**Certificate of Status Desired:** Yes

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

CAVIN, SANDY  
6155 GRANDEUR STREET  
ENGLEWOOD, FL 34224 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 CAVIN, SANDY  
Address 6155 GRANDEUR STREET  
City-State-Zip: ENGLEWOOD FL 34224

Title MGR  
Name DUFFY, LYNN DR.  
Address 6341 BIGGS ST  
City-State-Zip: ENGLEWOOD FL 34224

Title MGR  
Name ALEXANDER, JODI  
Address 625 PORTIA STREET N.  
City-State-Zip: NOKOMIS FL 34275

Title ADMINISTRATIVE ASSISTANT  
Name EGGENHOFER, KARA  
Address 220 SOUTH VENICE BLVD  
City-State-Zip: VENICE FL 34293

*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:** JODI ALEXANDER

**MANAGER**

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date