2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000065217

Entity Name: THE BIG PITCH, LLC

Current Principal Place of Business:

445 GRAND BAY DRIVE SUITE 1003 KEY BISCAYNE, FL 33149

Current Mailing Address:

445 GRAND BAY DRIVE SUITE 1003 KEY BISCAYNE, FL 33149

FEI Number: 46-5465357

Name and Address of Current Registered Agent:

SCHWARTZ, STANLEY J 445 GRAND BAY DRIVE SUITE 1003 KEY BISCAYNE, FL 33149 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

Authorized Person(s) Detail :

Title	AP	Title	AP	
Name	SCHWARTZ, STANLEY J	Name	HARRINGTON, KEVIN	
Address	445 GRAND BAY DRIVE, SUITE 1003	Address	445 GRAND BAY DRIVE, SUITE 1003	
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149	
Title	AP	Title	AP	
Name	HARRINGTON, BRIAN	Name	HAKAN, BRIAN	
Address	445 GRAND BAY DRIVE, SUITE 1003	Address	445 GRAND BAY DRIVE, SUITE 1003	
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149	
Title	AP	Title	AP	
Title Name	AP SHEPPARD, CALEB	Title Name	AP STEWART, MARK	
			STEWART, MARK 445 GRAND BAY DRIVE	
Name Address	SHEPPARD, CALEB	Name Address	STEWART, MARK	
Name Address	SHEPPARD, CALEB 445 GRAND BAY DRIVE, SUITE 1003	Name Address	STEWART, MARK 445 GRAND BAY DRIVE SUITE 1003	
Name Address City-State-Zip:	SHEPPARD, CALEB 445 GRAND BAY DRIVE, SUITE 1003 KEY BISCAYNE FL 33149	Name Address	STEWART, MARK 445 GRAND BAY DRIVE SUITE 1003	
Name Address City-State-Zip: Title	SHEPPARD, CALEB 445 GRAND BAY DRIVE, SUITE 1003 KEY BISCAYNE FL 33149 AP	Name Address	STEWART, MARK 445 GRAND BAY DRIVE SUITE 1003	
Name Address City-State-Zip: Title Name Address	SHEPPARD, CALEB 445 GRAND BAY DRIVE, SUITE 1003 KEY BISCAYNE FL 33149 AP HODSON, GREG 445 GRAND BAY DRIVE	Name Address	STEWART, MARK 445 GRAND BAY DRIVE SUITE 1003	

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: STANLEY J SCHWARTZ

MANAGING PARTNER 01/11/2017

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 11, 2017 Secretary of State CC3015549398

Certificate of Status Desired: Yes

Date