

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000070757

**Entity Name:** THE MIAMI SPORTSCENTER, LLC

**Current Principal Place of Business:**

1200 BRICKELL AVE.  
680  
MIAMI, FL 33131

**Current Mailing Address:**

12550 BISCAYNE BLVD.,  
STE. 901  
MIAMI, FL 33181 US

**FEI Number: 46-5596388**

**Certificate of Status Desired: Yes**

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

SELTZER, DAVID  
C/O SELTZER MAYBERG, LLC  
12550 BISCAYNE BOULEVARD, SUITE 901  
MIAMI, FL 33181 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           MANAGING PRINCIPAL  
Name           TIMPONE, JOSEPH A  
Address        12550 BISCAYNE BOULEVARD  
                  901  
City-State-Zip: MIAMI FL 33181

Title           MGR  
Name           BRADY, JENNIFER  
Address        12550 BISCAYNE BOULEVARD  
                  901  
City-State-Zip: MIAMI FL 33181

Title           MGR  
Name           TROIKE, FRED  
Address        12550 BISCAYNE BOULEVARD,  
                  901  
City-State-Zip: MIAMI FL 33181

Title           PRINCIPAL  
Name           BTUFF CAPITAL VENTURES &  
                  CONSULTING LLC  
Address        12550 BISCAYNE BOULEVARD,  
                  901  
City-State-Zip: MIAMI FL 33181

Title           MGR  
Name           JOHNSON, ANTONIO  
Address        12550 BISCAYNE BOULEVARD  
                  901  
City-State-Zip: MIAMI FL 33181

Title           PRINCIPAL  
Name           RICHARD-TIMPONE, LISA M  
Address        12550 BISCAYNE BOULEVARD,  
                  901  
City-State-Zip: MIAMI FL 33181

*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: JOSEPH A. TIMPONE**

**PRINCIPAL**

**02/09/2018**

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

\_\_\_\_\_  
Date