

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000095891

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC0753828958**

**Entity Name:** ORLANDO PREDATORS LLC

**Current Principal Place of Business:**

8680 COMMODITY CIRCLE  
ORLANDO, FL 32819

**Current Mailing Address:**

WESTGATE RESORTS  
P.O. BOX 692229  
ORLANDO, FL 32869 US

**FEI Number:** 47-1115559

**Certificate of Status Desired:** No

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

GREENSPOON MARDER, P.A.  
GREENSPOON MARDER P.A.  
200 E. BOULEVARD, SUITE 1800  
FORT LAUDERDALE, FL 33301 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 SIEGEL, DAVID A  
Address 5601 WINDHOVER DRIVE  
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT  
Name SIEGEL, DAVID A  
Address 5601 WINDHOVER DRIVE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name SIEGEL, DAVID A  
Address 5601 WINDHOVER DRIVE  
City-State-Zip: ORLANDO FL 32819

Title SECRETARY  
Name SIEGEL, DAVID  
Address 5601 WINDHOVER DRIVE  
City-State-Zip: ORLANDO FL 32819

Title TREASURER  
Name DUGAN, THOMAS F  
Address 5601 WINDHOVER DRIVE  
City-State-Zip: ORLANDO FL 32819

*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:** THOMAS F DUGAN

**TREASURER**

**01/25/2016**

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

\_\_\_\_\_  
Date