### Electronic Signature of Signing Authorized Person(s) Detail

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

## 1

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	LUDWIG, JIM	Name	CAEFER, CAROL
Address	8187 SANCTURY DR - # 2	Address	8187 SANCTURY DR - # 2
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104

8187 SANCTURY DR #2 NAPLES, FL 34104 US

# FEI Number: 47-2533013

## Name and Address of Current Registered Agent:

**Current Mailing Address:** 

LUDWIG, JIM

8187 SANCTURY DR

NAPLES, FL 34104 US

#2

8187 SANCTURY DR

#2 NAPLES, FL 34104

### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L14000186976

Entity Name: PICKLEBALL ENTERPRISES, LLC

**Current Principal Place of Business:** 

04/02/2018 EXECUTIVE DIRECTOR

FILED Apr 02, 2018 Secretary of State CC8085861966

Certificate of Status Desired: Yes

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: JIM LUDWIG

Date

Date