

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000017853

**Entity Name:** POWER PLAYER SPORTS, L.L.C.

**Current Principal Place of Business:**

4301 S. FLAMINGO RD.  
106 - 142  
DAVIE, FL 33330

**Current Mailing Address:**

4301 S. FLAMINGO RD.  
106 - 142  
DAVIE, FL 33330 US

**FEI Number:** 47-4587974

**Certificate of Status Desired:** No

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

MADISON, SAMUEL A JR  
4301 S. FLAMINGO RD.  
106 - 142  
DAVIE, FL 33330 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:** SAMUEL A MADISON JR

04/29/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BARNES, KARLOS A  
Address 4301 S. FLAMINGO RD.  
106 - 142  
City-State-Zip: DAVIE FL 33330

Title AMBR  
Name MADISON, SAMUEL A JR  
Address 4301 S. FLAMINGO RD.  
106 - 142  
City-State-Zip: DAVIE FL 33330

Title MGR  
Name INGE, LEONARD A JR  
Address 4301 S. FLAMINGO RD.  
106 - 142  
City-State-Zip: DAVIE FL 33330

Title MGR  
Name SAWYER, JACK A  
Address 4301 S. FLAMINGO RD.  
106 - 142  
City-State-Zip: DAVIE FL 33330

*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:** SAMUEL A MADISON JR

AMBR

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date