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: LUCKNER PAUL	GMR	04/30/2019		

SIGNATURE: LUCKNER PAUL Electronic Signature of Registered Agent

Authorized Person(s) Detail :				
Title	MGR	Title	AUTHORIZED MEI	
Name	PAUL, LUCKNER	Name	PAUL, CARLENE	

Authorized Person(s) Detail :				
Title	MGR	Title	AUTHORIZED MEMBER	
Name	PAUL, LUCKNER	Name	PAUL, CARLENE	
Address	745 NW 124 STREET	Address	745 NW 124 STREET	
City-State-Zip:	NORTH MIAMI FL 33168	City-State-Zip:	NORTH MIAMI FL 33168	

PAUL, LUCKNER 745 NW 124 STREET NORTH MIAMI, FL 33168 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.

745 NW 124 STREET

## Name and Address of Current Registered Agent:

700 MIAMI BEACH, FL 33139

**Current Principal Place of Business:** 

DOCUMENT# L15000041819

1680 MICHIGAN AVE

## **Current Mailing Address:**

NORTH MIAMI, FL 33168

### FEI Number: 47-2559188

# Entity Name: ENDEAVOR GROUP LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

04/30/2019

Certificate of Status Desired: Yes

Electronic Signature of Signing Authorized Person(s) Detail

04/30/2019 Date

Date

FILED Apr 30, 2019 Secretary of State 1873986195CC