

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000051619

**Entity Name:** MIAMI XTREME VOLLEYBALL ACADEMY, LLC

**Current Principal Place of Business:**

1500 NW 108 AVE  
MIAMI, FL 33172

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**7310537347CC**

**Current Mailing Address:**

333 PALERMO AVE  
CORAL GABLES, FL 33134 US

**FEI Number: 81-1835461**

**Certificate of Status Desired: No**

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

JUSTINIANO, RODRIGO  
333 PALERMO AVE  
CORAL GABLES, FL 33134 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 ROSARIO, DANIEL  
Address 1500 NW 108 AVE  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name CALLAU, MIRIAM V  
Address 222 ALMERIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name JUSTINIANO, RODRIGO  
Address 333 PALERMO AVE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ROSARIO, JEAN CARLOS  
Address 1500 NW 108 AVE  
City-State-Zip: MIAMI FL 33172

*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: RODRIGO JUSTINIANO**

**MGR**

**05/01/2019**

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

\_\_\_\_\_  
Date