

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000125107

**Entity Name:** PICKLEBALL ACADEMY OF SOUTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

3500 THOMASSON DRIVE,  
SUITE 201  
NAPLES, FL 34112

**Current Mailing Address:**

3500 THOMASSON DRIVE,  
SUITE 201  
NAPLES, FL 34112 US

**FEI Number:** 81-3163379

**Certificate of Status Desired:** No

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

NOVATT, JEFF ESQ  
1415 PANTHER LANE  
SUITE 432  
NAPLES, FL 34109 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 STROMMEN, ROBERT A  
Address 2469 UNIVERSITY AVE  
SUITE 100E  
City-State-Zip: ST. PAUL MN 55114

*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:** ROBERT A. STROMMEN

**MGR**

**04/19/2022**

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

\_\_\_\_\_  
Date