

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000060055

Entity Name: SUPREME TEAM LLC**Current Principal Place of Business:**3870 POCIFIC POINT PLACE
108 LAUDERDALE LAKES
LAUDERDALE LAKES, FL 33309**Current Mailing Address:**3870 PACIFIC POINT PLACE
108
LAUDERDALE LAKES, FL 33309 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOODIE, RACHEL P
3890 PACIFIC POINT PLACE
108
LAUDERDALE LAKES , FL 33309 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 ELLIS, ANDREW
Address 216 LAKE POINTE DR APT 224
City-State-Zip: OAKLAND PARK FL 33309Title MGR
Name FORBES, O'NEIL
Address 216 LAKE POINTE DR APT 224
City-State-Zip: OAKLAND PARK FL 33309Title ASST. SECRETARY
Name NORWAYNE , JACKSON
Address 3870 PACIFIC POINT PLACE
108
City-State-Zip: LAUDERDALE LAKES FL 33309Title AUTHORIZED MEMBER
Name GORDON , JERMAINE
Address 3870 POCIFIC POINT PLACE
108 LAUDERDALE LAKES
City-State-Zip: LAUDERDALE LAKES FL 33309Title MGR
Name DAVIS, JERMANE
Address 216 LAKE POINTE DR APT 224
City-State-Zip: OAKLAND PARK FL 33309Title MGR
Name MOODIE, RACHEL
Address 216 LAKE POINTE DR APT 224
City-State-Zip: OAKLAND PARK FL 33309Title AMBR
Name MATTHIE, DAVID
Address 216 LAKE POINTE DR APT 224
City-State-Zip: OAKLAND PARK FL 33309

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: JERMANE DAVIS**MANAGER****05/14/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date