

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000022167

Entity Name: SOUTH FLORIDA BEACH VOLLEYBALL CLINICS LLC

Current Principal Place of Business:

13760 82ND LANE NORTH
WEST PALM BEACH, FL 33412

Current Mailing Address:

13760 82ND LANE NORTH
WEST PALM BEACH, FL 33412 US

FEI Number: 83-3369906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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 MATTHEWS, CHRISTINA A
Address 13760 82ND LANE NORTH
City-State-Zip: WEST PALM BEACH FL 33412

Title MGR
Name MATTHEWS, ANDREW
Address 13760 82ND LANE NORTH
City-State-Zip: WEST PALM BEACH FL 33412

Title AMBR
Name MATTHEWS, CHRISTINA A
Address 13760 82ND LANE NORTH
City-State-Zip: WEST PALM BEACH FL 33412

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: CHRISTINA MATTHEWS

PRESIDENT

04/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date