

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000053077

**Entity Name:** OKEEHHEELLE WARRIORS BASEBALL LLC

**Current Principal Place of Business:**

11657 KNIGHTSBRIDGE PL  
WELLINGTON, FL 33449

**Current Mailing Address:**

11657 KNIGHTSBRIDGE PL  
WELLINGTON, FL 33449

**FEI Number: 85-1423944**

**Certificate of Status Desired: No**

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

EATON, WILLIAM D  
3175 MEDINAH CIRCLE E  
LAKE WORTH, FL 33467 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 AMBR  
Name POLLAK, ROGER A  
Address 11657 KNIGHTSBRIDGE PLACE  
City-State-Zip: WELLINGTON FL 33449

Title AMBR  
Name POLLAK, JENNIFER L  
Address 11657 KNIGHTSBRIDGE PLACE  
City-State-Zip: WELLINGTON FL 33449

Title AMBR  
Name EATON, WILLIAM D  
Address 3175 MEDINAH CIRCLE E  
City-State-Zip: LAKE WORTH FL 33467

Title AMBR  
Name EATON, STACI  
Address 3175 MEDINAH CIRCLE E  
City-State-Zip: LAKE WORTH FL 33467

*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: JENNIFER POLLAK**

**AMBR**

**02/13/2024**

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

\_\_\_\_\_  
Date