

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000400887

**Entity Name:** FORCE TRAINING 3X3 LLC**Current Principal Place of Business:**2727 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134**Current Mailing Address:**2727 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US**FEI Number:** 87-2711313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTIZ, ALEX  
2727 PONCE DE LEON BLVD  
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	VALENZUELA, ANDRES A
Address	2727 PONCE DE LEON BLVD, CU7
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	VALENZUELA, CARLOS A
Address	2727 PONCE DE LEON BLVD, CU7
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	FRANCINO BATLLE, PEDRO
Address	2801 NE 183RD ST UNIT 807W
City-State-Zip:	AVENTURA FL 33160

*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:** VALENZUELA , ANDRES A

MGR

04/29/2022

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