

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000070472

**Entity Name:** THE ZONE TENNIS ACADEMY, LLC

**Current Principal Place of Business:**

4770 CAINS WREN TRL  
SANFORD, FL 32771

**Current Mailing Address:**

4770 CAINS WREN TRL  
SANFORD, FL 32771 US

**FEI Number:** 88-2375778

**Certificate of Status Desired:** Yes

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

DAVIDSON, JAMES W  
4770 CAINS WREN TRL  
SANFORD, FL 32771 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	MBR	Title	MBR
Name	DAVIDSON, JAMES W	Name	DAVIDSON, CARI L
Address	4770 CAINS WREN TRL	Address	4770 CAINS WREN TRL
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771

*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:** JAMES WILLIAM DAVIDSON

**PRESIDENT**

**03/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date