## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001638

**Entity Name: FIN ASSOCIATES LLC** 

**Current Principal Place of Business:** 

60 COLUMBUS CIRCLE NEW YORK, NY 10023

**Current Mailing Address:** 

**60 COLUMBUS CIRCLE** NEW YORK, NY 10023 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

**FILED** Jan 23, 2019

Secretary of State

7056028055CC

Date

Name and Address of Current Registered Agent:

60 COLUMBUS CIRCLE

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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: BARBARA J CHRISTMAN 01/23/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Address

Title **AUTHORIZED MEMBER** Title AUTHORIZED MEMBER

LES SOEURS, LLC RICHARD SPORTS MEDIA, LLC Name Name

60 COLUMBUS CIRCLE Address 60 COLUMBUS CIRCLE Address NEW YORK NY 10023 NEW YORK NY 10023 City-State-Zip: City-State-Zip:

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** 

Name SMR 2014 IRREVOCABLE TRUST III UNRELATED CORP. Name

Address 60 COLUMBUS CIRCLE Address 60 COLUMBUS CIRCLE NEW YORK NY 10023 City-State-Zip: NEW YORK NY 10023 City-State-Zip:

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** 

Name ARE YOU READY FOR SOME Name SMR FUNDING, INC.

FOOTBAL, LLC

Address 60 COLUMBUS CIRCLE NEW YORK NY 10023 City-State-Zip: City-State-Zip: NEW YORK NY 10023

Title MANAGER Title **AUTHORIZED MEMBER** 

SOUTH FLORIDA FOOTBALL Name

Name **FIN 2016 LLC** ASSOCIATES LLC

Address 60 COLUMBUS CIRCLE Address 60 COLUMBUS CIRCLE

NEW YORK NY 10023 City-State-Zip: City-State-Zip: NEW YORK NY 10023

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.

01/23/2019 SIGNATURE: SOUTH FLORIDA FOOTBALL ASSOCIATES LLC MANAGER

Electronic Signature of Signing Authorized Person(s) Detail