2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001638

Entity Name: FIN ASSOCIATES LLC

Current Principal Place of Business:

30 HUDSON YARDS 72ND FLOOR

NEW YORK, NY 10001

FILED
Apr 18, 2024
Secretary of State
8201934013CC

Current Mailing Address:

30 HUDSON YARDS 72ND FLOOR

NEW YORK, NY 10001 US

FEI Number: 26-3161966 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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 04/18/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

City-State-Zip:

Address

City-State-Zip:

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name LES SOEURS, LLC Name RICHPORT SPORTS MEDIA, LLC

Address 30 HUDSON YARDS Address 30 HUDSON YARDS

72ND FLOOR 72ND FLOOR

NEW YORK NY 10001 City-State-Zip: NEW YORK NY 10001

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name UNRELATED CORP. Name SMR 2014 IRREVOCABLE TRUST III

Address 30 HUDSON YARDS Address 30 HUDSON YARDS

72ND FLOOR 72ND FLOOR

City-State-Zip: NEW YORK NY 10001 City-State-Zip: NEW YORK NY 10001

Title AUTHORIZED MEMBER Title MANAGER

Name ARE YOU READY FOR SOME Name SOUTH FLORIDA FOOTBALL

FOOTBALL, LLC ASSOCIATES LLC

30 HUDSON YARDS Address 30 HUDSON YARDS

72ND FLOOR 72ND FLOOR

City-State-Zip:

Title AUTHORIZED MEMBER

Name FIN 2016 LLC

Address 30 HUDSON YARDS

72ND FLOOR

NEW YORK NY 10001

City-State-Zip: NEW YORK NY 10001

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: ALEXIS KREMEN AUTHORIZED PERSON 04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

NEW YORK NY 10001

Date