

**2021 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 04, 2021**  
**Secretary of State**  
**1748072927CC**

**Current Mailing Address:**

30 HUDSON YARDS  
72ND FLOOR  
NEW YORK, NY 10001 US

**FEI Number: APPLIED FOR**

**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

04/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name LES SOEURS, LLC  
Address 30 HUDSON YARDS  
72ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title AUTHORIZED MEMBER  
Name RICHPORT SPORTS MEDIA, LLC  
Address 30 HUDSON YARDS  
72ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title AUTHORIZED MEMBER  
Name UNRELATED CORP.  
Address 30 HUDSON YARDS  
72ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title AUTHORIZED MEMBER  
Name SMR 2014 IRREVOCABLE TRUST III  
Address 30 HUDSON YARDS  
72ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title AUTHORIZED MEMBER  
Name ARE YOU READY FOR SOME  
FOOTBALL, LLC  
Address 30 HUDSON YARDS  
72ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title MANAGER  
Name SOUTH FLORIDA FOOTBALL  
ASSOCIATES LLC  
Address 30 HUDSON YARDS  
72ND FLOOR  
City-State-Zip: NEW YORK NY 10001

Title AUTHORIZED MEMBER  
Name FIN 2016 LLC  
Address 30 HUDSON YARDS  
72ND FLOOR  
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:** RICHARD L O'TOOLE

**AUTHORIZED PERSON**

04/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date