LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

LC 4/29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 24 PM 4:02

DOCUMENT # L00000006169

1. Entity Name
Naples Elite Allstar Cheerleading, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4085 Arnold Ave.	236 Backwater Ct.
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.:
City & State: Naples, FL	City & State: Naples, FL
Zip: 34104 Country: USA	Zip: 34119 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3645612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Leslie A. Lehmann

Street Address (P.O. Box Number is Not Acceptable): 236 Backwater Ct.

City: Naples FL Zip Code: 34119

8. 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: Leslie A. Lehmann DATE: 3/26/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

800005430578--6
-05/02/02--01039--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leslie Lehmann MMGR 236 Backwater Ct. Naples, FL 34119	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VICTOR ROSARIO 11285 SW 132 Ct. W. Miami, FL 33186	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR - Kristen Rosario 11225 S.W. 132nd Ct. W. Miami, FL 33186	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR - John Bencomo 11225 S.W. 132nd Ct. W. Miami, FL 33186	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Leslie A. Lehmann 4/17/02 941-595-0681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #