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FILED
Jul 01, 2002 8:00 am
Secretary of State
04-03-2002 90018 039 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
1. Entity Name
L 01000001466
Finger Sport, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

37073

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6770 SW 124 ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33156 Country	Zip Country

4. FEI Number: 65-1096821 ☐ 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: MIAMI CENTER REGISTERED AGENTS, INC

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Blvd, #1700

City: Miami, FL FL Zip Code: 33131

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: _____ DATE
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

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T EFRAIN ARROYAVE 6770 SW 124 ST MIAMI, FL 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S LARRY CHILSON 14830 SW 167 ST MIAMI, FL 33187	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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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: _____ 3/28/02 305-252-6572
SIGNATURE AND TYPED OR PRINTED NAME OF EFFECTIVE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #