2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: A QUILLE SIGNATURE AND TYPED OR PRINTE

DOCUMENT # L01000008634						Jan 29, 2004 08:00 AM				
1. Enlity Name						Secretary of State				
SEMINOL	E SOCCER SCHOOL, LLC	** ***								
Principal Plac	Mailing Address	ng Address								
4005 MISTY MORNING PLACE CASSELBERRY FL 32707		4005 MISTY MORNING PLACE CASSELBERRY FL 32707								
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E083		· ··		
City & State		City & State Zip Country		4. FEI Nun	NO-T APPL		Not	Applicable		
Zıp	Country Zip Ci		Coun	itry	5. Certifica	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New I	Registered A	\gent		
				Name						
MCCORKLE, LAWRENCE D 4005 MISTY MORNING PLACE CASSELBERRY FL 32707				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code		
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	s register	ed office or regi	stered agent, or	both, in the State of Fl	orida. I am i	amiliar with, a	and accept	
SIGNATURE.	Signature, typod or printed name of registered agent	and title if applicable. (NOT	E Registero	d Agent signature req	gurred when reinstating)		DATE			
	-	FILE N	ow!!!	FEE IS \$50.0	00					
		Make Check Payab			ment of State					
			e By Ma	ay 1, 2004				·		
9. MANAGING MEMBERS/MANAGERS 1						ADDITIONS	/CHANGES			
TITLE	MGRM	☐ Delete	TITL	l l		100000000	an an	☐ Change	Addition	
NAME STREET ADDRESS	MCCORKLE, LAWRENCE D 4005 MISTY MORNING PLACE			EET ADDRESS		00000002 01/29/04-80	187-001 187-001	7 50 OÅ	•	
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CITY -ST- ZIP		——————————————————————————————————————		- ST-ZIP					T Addition	
TITLE NAME		☐ Delete	TITL					☐ Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			1	-ST-ZIP						
11. I hereby	certify that the information supplied with lon this report is true and accurate and	this filing does not qualify fo	or the exe	mption stated in	n Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the in	formation	
indicated limited lia	I on this report is true and accurate and ability company or the receiver or trusted	वाबा my signature shall have empowered to execute this	report a	e legal effect as s required by Cl	s ir made under o hapter 608, Florid	aus, mar i am a mana la Statutes,	ying membe	or manager	or the	

MCCorkle 1/24/04 4073209708

ED NAME OF EIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayrono Phone *

FILED