

2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

13 FEB -6 PM 4:28

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # L01000820426	
1. Entity Name ProMotion Sports & Entertainment	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 2217 SW 118th Ave		3. Mailing Address 2217 SW 118th Ave	
Suite, Apt. #, ect.		Suite, Apt. #, ect.	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33025	Country USA	Zip 33025	Country USA

2013 CR2E083B (1/11)

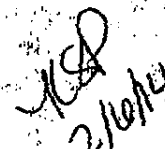
DO NOT WRITE IN THIS SPACE	4. FEI Number 300144807		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Johnny Williams Street Address (P.O. Box Number is Not Acceptable) 2217 SW 118th Ave City Miramar FL Zip Code 33025		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2/4/14**

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State
E-mail Address: **Jwilliams@promotionse.com**
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Johnny Williams 2217 SW 118th Ave Miramar, FL 33025
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	

10.
500256418585 02/06/14--01803--001 **138.75 DO NOT WRITE IN THIS SPACE  2/16/14

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  DATE **2/4/14**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#

L01000020424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

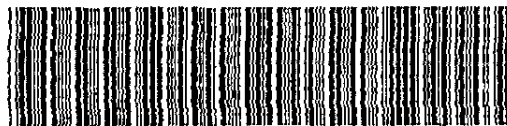
Special Instructions to Filing Officer:

A. LUNT

JUN - 1 2011

EXAMINER

Office Use Only



600235546806

600235546806
05/31/12 01027-001 *25.00

2012 MAY 31 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

John
954-649-4709
(I think it's a process
but see next page -)
RV