2013 LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only
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13 FEB -6 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020426

1. Entity Name
ProMotion Sports & Entertainment

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2217 SW 118th Ave	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)

4. FEI Number: 300144807 ☐ Applied For ☐ Not Applicable

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

6. **DO NOT WRITE IN THIS SPACE**

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
Signature required if registered agent information is changed.

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	MGR
NAME	Johnny Williams
STREET ADDRESS	2217 SW 118th Ave
CITY-ST-ZIP	Miramar, FC 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

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02/06/14--01003--001 **138.75

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2/6/14

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 605, 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: _____ 2/4/14
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone#

L01000020426

(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

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05/31/12--01027--001 **25.00

FILED
2012 MAY 31 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Wrong email listed

Late fee

No

RV

John [illegible]
954-649-1704

(I think [illegible] process
[illegible] 1/27/14)
see next page -)