

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90032 038 ****50.00

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DOCUMENT # L01000021195

1. Entity Name
SECON SPORTS, LLC



Principal Place of Business
**5180-G NORTH US HIGHWAY 1
MELBOURNE FL 32940**

Mailing Address
**5180-G NORTH US HIGHWAY 1
MELBOURNE FL 32940**

2. Principal Place of Business
1912 POST ROAD

3. Mailing Address
3611 DEER LAKES DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MELBOURNE FL

City & State
MELBOURNE FL

4. FEI Number **90-0001317**

Applied For
Not Applicable

Zip Country
32935 USA

Zip Country
32940 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALACIOUS, FERNANDO M ESQ.
525 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MESAS, REINALDO LEON B**
STREET ADDRESS **5180-G NORTH US HIGHWAY 1**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BERACASA, REINALDO L**
STREET ADDRESS **3611 DEER LAKES DR.**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

04-14-03 321-751-4546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)