

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90322 004 ****50.00

DOCUMENT # L 0200005453

1. Entity Name

Pro Tennis World LLC



DO NOT WRITE IN THIS SPACE

90141897

2. Principal Place of Business

11306 W State Road 84

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oak. R, FL

City & State

4. FEI Number

01-0619207

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey T. Miller

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

10416 NW 14 St

City

Plantation

FL

Zip Code

33322

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

P.D. Jeffrey Miller
10416 NW 14 St
Plantation, FL 33322

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D Gabriel Norona
1900 NW 8 St
Plantation, FL 33325

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D Jim Smith
11631 NW 31 St
Sunrise, FL 33323

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D David Brail
133 Nighthawk Ave
Plantation, FL 33324

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

7-11-03

Date

Daytime Phone #

CR2E083B (12/02)

Attachment #
90141897



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 9, 2003

PRO TENNIS WORLD, LLC
11306 SR 84
DAVIE, FL 33325

SUBJECT: PRO TENNIS WORLD, LLC
Ref. Number: L02000005453

We have received your document for PRO TENNIS WORLD, LLC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file the limited liability company annual report/uniform business report form is \$50. Please include an additional \$5 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan
Document Specialist

Letter Number: 503A00035935