

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 02000011804

1. Entity Name

ESSE Sports, LLC

FILED  
03 JUN -5 AM 0:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 W. New England Ave

Suite, Apt. #, etc.

Suite F

City & State

Winter Park FL

Zip

32789

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

←

City & State

←

Zip

←

Country

←

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0458077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Erika Rossi

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

444 W. New England Ave

Suite F

City

Winter Park

FL

Zip Code

32789

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.

SIGNATURE

Erika Rossi

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

5/12/03

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Erika Rossi  
860 N Orange Ave #450  
Orlando FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
n/a

TITLE  
NAME  
STREET ADDRESS  
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200820535592

06/05/03--01001--017 \*\*25.00

12/16/02--01007--001 \*\*25.00

DO NOT WRITE  
IN THIS SPACE

n/a

n/a

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Erika Rossi

5/12/03

407 628 3733

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

Date

Daytime Phone #

CR20083B (12/01)