

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

07-29-2003 90055 027 *****50.00

DOCUMENT # L02000018671

1. Entity Name

SW2 SPORTS MANAGEMENT, L.L.C.



Principal Place of Business

**1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32308**

Mailing Address

**1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0022750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BARRETT, TONYA M
1407 PIEDMONT DRIVE EAST
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SLIGER, STEN T
351 MILESTONE DRIVE
TALLAHASSEE FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Sliger, Sten T
3341 E. Lakeshore Dr.
Tallahassee, Florida 32312** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WASHINGTON, ANTHONY J
3704 RANDELL STREET
TALLAHASSEE FL 32312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Brenneis, John
2808 Walter Scott St.
Tallahassee, Florida 32312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WALKER, DEREK M
3602 ALTOONA DRIVE
TALLAHASSEE FL 32309** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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

Tonya Barrett

7/25/03 850-386-2171

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

Date

Daytime Phone #

CR2E083 (4/03)

0007737