


FILED
May 12, 2004 8:00 am
Secretary of State

640630-

DOCUMENT # L02000020321

05-12-2004 90007 012 ****50.00

1. Entity Name
ULTIMATE SOFTBALL TRAINING, L.L.C.



Principal Place of Business
935 HAMILTON PLACE LANE
LAKELAND, FL 33813

Mailing Address
935 HAMILTON PLACE LANE
LAKELAND, FL 33813

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
51-0421482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCLELLAN, WILLIAM F
935 HAMILTON PLACE LANE
LAKELAND, FL 33813

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
(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MCCLEHAN, WILLIAM F
735 HAMILTON PL LN
LAKELAND, FL 33813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MCCLELLAN, WILLIAM F
935 HAMILTON PL LN
LAKELAND, FL 33813

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
LITTLEJOHN, MICHAEL G
6183 BLACK WALNUT DR
BARTOW, FL 33830

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:  5/10/04 863-677-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #