

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90139 033 ****55.00

DOCUMENT # L03000015899

1. Entity Name

AAA FOOTBALL CONSULTANTS LLC



Principal Place of Business

12436 NW 53RD ST.
POMPANO BEACH FL 33076

Mailing Address

12436 NW 53RD ST.
POMPANO BEACH FL 33076

2. Principal Place of Business

10715 NW 51st

3. Mailing Address

10715 NW 51st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs

4. FEI Number

32-0075495

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

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

CHRISTIE, SEAN
12436 NW 53RD ST.
POMPANO BEACH FL 33076

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 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: President/owner
NAME: Sean Christie
STREET ADDRESS: 10715 NW 51st
CITY-ST-ZIP: Coral Springs FL 33076 ☐ Delete

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

TITLE: Vice President
NAME: Susan Christie
STREET ADDRESS: 10715 NW 51st
CITY-ST-ZIP: Coral Springs FL 33076 ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #