

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90179 015 ****50.00

DOCUMENT # L03000030874

1. Entity Name

PALS SOCCER TRAINING ACADEMY OF FLORIDA, LLC



Principal Place of Business

10152 WEST INDIAN TOWN ROAD
SUITE 219
JUPITER FL 33478
US

Mailing Address

10152 WEST INDIAN TOWN ROAD
SUITE 219
JUPITER FL 33478
US



2. Principal Place of Business - No P.O. Box #

913 N. BEAC PKWY
Suite, Apt. #, etc.
A 126

3. Mailing Address

913 N. BEAC PARKWAY
Suite, Apt. #, etc.
A 126

1st MOORE

CR2E083 (10/06)

City & State

FORT WALTON BEACH

City & State

FORT WALTON BEACH

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

FL 32547

Country

OKALOOSA

Zip

FL 32547

Country

OKALOOSA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, PHILIP
~~10152 W. INDIANTOWN ROAD~~
~~SUITE 219~~
~~JUPITER FL 33478~~

see above

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

4-27-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROSE, PHILIP	
STREET ADDRESS	10152 W. INDIANTOWN RD, SUITE 219	
CITY - ST - ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, PHILIP	
STREET ADDRESS	913 N. BEAC PKWY A 126	
CITY - ST - ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

4-27-07