

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000042119

1. Entity Name  
PROFESSIONAL VIRTUAL SPORTS, L.L.C.



Principal Place of Business  
15009 NORTH FLORIDA AVE., #303  
TAMPA, FL 33613

Mailing Address  
11333 NORTH FLORIDA AVE.  
TAMPA, FL 33612

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

3. Mailing Address  
612 Hiddenlake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33511

Country

USA

Zip

33511

Country

USA

08082007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

52-2413113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASALE, ANDREW  
3807 BARCELONA STREET  
TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name  
Allen R. Reeves, III

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

612 Hiddenlake Drive

City  
Brandon

FL

Zip Code  
33511

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

*Allen R. Reeves, III*

Allen R. Reeves, III

8/22/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME CASALE, ANDREW  
STREET ADDRESS 15009 NORTH FLORIDA AVE., #303  
CITY-ST-ZIP TAMPA, FL 33613

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME Reeves, Allen R., III  
STREET ADDRESS 612 Hiddenlake Drive  
CITY-ST-ZIP Brandon, FL 33511

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

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

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

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

TITLE ☐ Change ☐ 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 Chapter 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:

*Allen R. Reeves, III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/22/07

Date

Daytime Phone #

FILED

07 SEP 10 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

