

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-30-2004 90066 042 ****50.00

DOCUMENT # L03000043134

1. Entity Name

SUPER SPORT INTERNATIONAL LLC



Principal Place of Business

**5300 N POWERLINE RD
FT LAUDERDALE FL 33309**

Mailing Address

**5300 N POWERLINE RD
FT LAUDERDALE FL 33309**

34008166



MOORE

CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, PAUL
5300 N POWERLINE RD
FT LAUDERDALE FL 33309**

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

Paul Matthews

(NOTE: Registered Agent signature required when re-registering)

5/29/04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
NAME **PAUL MATTHEWS**
STREET ADDRESS **5300 POWERLINE ROAD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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 **OWNER** ☐ Change ☒ Addition
NAME **PAUL MATTHEWS**
STREET ADDRESS **5300 POWERLINE ROAD**
CITY-ST-ZIP **FT LAUDERDALE, FL, 33309**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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:

Paul Matthews

4/17/2004

DATE

954-771-7223

Daytime Phone #