

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90033 002 ****50.00

DOCUMENT # L04000029699

1. Entity Name
COMPLETE SOCCER ACADEMY REAL ESTATE, LLC



Principal Place of Business
**292 BENTLEY DRIVE
LONGWOOD, FL 32779**

Mailing Address
**292 BENTLEY DRIVE
LONGWOOD, FL 32779**

60041143



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

645 Executive Park Ct.
Suite, Apt. #, etc.

3. Mailing Address

645 Executive Park Ct.
Suite, Apt. #, etc.

04122007 Chg-LLC CR2E083 (12/06)

City & State

Apopka, FL

City & State

Apopka, FL

4. FEI Number

35-1224296

Applied For

Not Applicable

Zip

32703

Country

Zip

32703

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

John C. Cassidy

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

645 Executive Park Ct.

City

Apopka

FL

Zip Code

32703

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/24/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CASSIDY, JOHN C
STREET ADDRESS 292 BENTLEY DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGR ☐ Delete
NAME CASSIDY, CLAUDIA
STREET ADDRESS 292 BENTLEY DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE S ☐ Delete
NAME CASSIDY, JOHN C
STREET ADDRESS 292 BENTLEY DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE T ☐ Delete
NAME CASSIDY, CLAUDIA
STREET ADDRESS 292 BENTLEY DRIVE
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Signature]

4/24/07

Date

Daytime Phone #

401-925-6812