

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90427 046 \*\*\*\*50.00

30003475



1st MOORE CR2E083 (10/05)

**DOCUMENT # L05000041919**  
1. Entity Name  
**PRO SPORTS VILLAGE, LLC**



Principal Place of Business Mailing Address  
2 OFFICE PARK DRIVE, SUITE A-7 2 OFFICE PARK DRIVE, SUITE A-7  
PALM COAST FL 32137 PALM COAST FL 32137

2. Principal Place of Business 3. Mailing Address  
**395 Palm Coast Pkway 395 Palm Coast Parkway**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 5 # 5**

City & State City & State  
**Palm Coast, Florida Palm Coast, Florida**  
Zip Zip  
**32137 32137**  
Country Country  
**FLAGLER FLAGLER**

4. FEI Number **20-2756760** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATZ, B. PAUL**  
**1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE**  
**PALM COAST FL 32137**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PASKIEWICZ, JOHN K 2 OFFICE PARK DRIVE, SUITE A-7 PALM COAST FL 32137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>395 SW Palm Coast Parkway, #5 Palm Coast, FL 32137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *John K. Paskiewicz* **2/13/06** **(386) 569-6182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30003475

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

PRO SPORTS VILLAGE, LLC  
395 SW PALM PKWY  
#5  
PALM COAST, FL 32137

Subject: **PRO SPORTS VILLAGE, LLC**

Reference Number: **L05000041919**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION