

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066430

**FILED**  
**Aug 15, 2012**  
**Secretary of State**

**Entity Name:** TAMPA VOLLEYBALL EVENTS, LLC

**Current Principal Place of Business:**

2812 WEST PRICE AVENUE  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

2812 WEST PRICE AVENUE  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 20-3360557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAGOSTINO, LAURI J  
2812 PRICE AVENUE  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** S  
**Name:** DAGOSTINO, LAURI J LAURI D  
**Address:** 2812 PRICE AVENUE  
**City-St-Zip:** TAMPA, FL 33611

**Title:** MGRM  
**Name:** DAGOSTINO, RAMON R RAMON D  
**Address:** 2812 PRICE AVENUE  
**City-St-Zip:** TAMPA, FL 33611

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LAURI DAGOSTINO

S

08/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date