

2016 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000088553

1. Entity Name
NEXT LEVEL BASEBALL, LLC



Principal Place of Business
1460 MARKET STREET
SUITE 4
TALLAHASSEE, FL 32312

Mailing Address
1460 MARKET STREET
TALLAHASSEE, FL 32312

500290439945
09/21/16--01001--005 **377.50



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

3. Mailing Address

09202016 REIN-LLC CR2E101 (12/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
01-0844860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, RYAN
1460 MARKET STREET
SUITE 4
TALLAHASSEE, FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ROBINSON, RYAN
STREET ADDRESS 1460 MARKET STREET
CITY- ST- ZIP TALLAHASSEE, FL 32312

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

TITLE VP ☒ Delete
NAME REICHERT, BRANDON P
STREET ADDRESS 1460 MARKET STREET
CITY- ST- ZIP TALLAHASSEE, FL 32312

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

TITLE PRES ☒ Delete
NAME TAPLEY, STUART
STREET ADDRESS 1460 MARKET ST
CITY- ST- ZIP TALLAHASSEE, FL 32312

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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, manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE:

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

Date

E-MAIL ADDRESS

SEP 20 16 3:55 PM
TALLAHASSEE, FLORIDA
S. HAWKES
EXAMINER