

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011574

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** FORT MYERS VOLLEYBALL ACADEMY LLC

**Current Principal Place of Business:**

16079 WATERLEAF LANE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

16079 WATERLEAF LANE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 20-4430391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEPASQUALE, JUSTIN J  
16079 WATERLEAF LANE  
FORT MYERS, FL 33908 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: MGRM  
Name: DEPASQUALE, JUSTIN J  
Address: 16079 WATERLEAF LANE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM  
Name: DEPASQUALE, WYNN  
Address: 16079 WATERLEAF LANE  
City-St-Zip: FORT MYERS, FL 33908 US

Title: SECR  
Name: BENDER, GARY  
Address: 19244 CEDAR CREST COURT  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: JUSTIN DEPASQUALE

MGRM

04/19/2011

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