

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000067390

**FILED**  
**Nov 05, 2014**  
**Secretary of State**

**Entity Name:** TEAM FLORIDA LACROSSE/FLORIDA ELITE LACROSSE, LLC

**Current Principal Place of Business:**

365 PALAZZO CIRCLE  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

467 HIGH TIDE DRIVE  
ST. AUGUSTINE, FL 32080 UN

**Current Mailing Address:**

365 PALAZZO CIRCLE  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

467 HIGH TIDE DRIVE  
ST. AUGUSTINE, FL 32080 UN

**FEI Number:** 26-2394936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEST, COLLEEN  
4000 GRANDE VISTA BLD  
134  
ST. AUGUSTINE, FL 32084 US

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

AYAD, MARK  
8 EASTMAN ST  
ST. AUGUSTINE, FL 32084 US

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: MARK AYAD

11/05/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: WEST, THOMAS  
Address: 467 HIGH TIDE DR  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGR  
Name: GOLDBERG, JEFF  
Address: 113 NE 7TH ST  
City-St-Zip: DELRAY BEACH, FL 33444

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: THOMAS F. WEST

MGR

11/05/2014

Electronic Signature of Authorized Person

Date