

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90597 015 ****50.00

DOCUMENT # L97000000553

1. Entity Name

THE FUTBOL-SOCCER COMPANY L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2735 W. 61 PL

Suite, Apt. #, etc.

#106

City & State

Hiwaleh, FL

Zip

33016

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

650798526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAME DAVILA

Street Address (P.O. Box Number is Not Acceptable)

2735 W. 61 PL #106

Hiwaleh, FL 33016

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM

JORGE DAVILA

2735 W 61 PL #106

Hiwaleh, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM

JAME DAVILA

2735 W. 61 PL #106

Hiwaleh, FL 33016

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

CR2E083B (12/01)