2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90130 007 ****50.00

DOCUMENT #: L98000003304

1. Entity Name
BREAKTHROUGH COACHING, L.L.C.

Principal Place of Business	Mailing Address
~~1112 WESTON ROAD, SUITE 226 FT LAUDERDALE FL 33326~~	564 CASCADE FALLS DRIVE #A WESTON FL 33327-1210

954394

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1155 Brickell Bay Dr	
Suite, Apt. #, etc. PH 210	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33131 Country USA	Zip Country

4. FEI Number 65-0877092 ☐ 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
SANNA, MARK L 1111 BRICKELL BAY DR., PENTHOUSE #3310 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) 1155 Brickell Bay Dr PH 210 City Miami FL Zip Code 33131

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 X [signature] Mark L. Sanna 4/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANNA, MARK L 1111 BRICKELL BAY DR., PENTHOUSE #3310 MIAMI FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1155 Brickell Bay Dr, PH 210 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: X [signature] SIGNATURE REQUIRED Mark L. Sanna 4/24/02 305-373-6474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #