2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005204

1. Entity Name



04-28-2003 90083 034 ****50.00

FILED

Apr 28, 2003 8:00 am Secretary of State

ELITE COACHES OF AMERICA L.L.C.				S VE TO				
Principal Place of Business PHILLIPS POINT EAST TOWER. STE. 1100 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401		Mailing Address PHILLIPS POINT EAST TOWER. STE. 1100 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401		110011	8 11 8 18 18 118 18 112 8 811 88 11 1	hiri 46 111 2818 1 6 111 18	12 88 6+1 8 181 18 8 6	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	65-0942439		Applied For Not Applicable
Zip	Country	Zip			5. Certifica	te of Status Desired	□ \$5.00 Fee Requ	Additional uired
	6. Name and Address of Curren	t Registered Agent			7. Name ar	nd Address of New Reg	istered Agent	
WOERNER, LESTER J				Name				
777	S. FLAGLER DRIVE, SUITE 1100 ST PALM BEACH FL 33401			Street Address (P.O. Box Number is Not Acceptable)				
WEST FALM BEACH FL 33401								
				City	 .		FL Zip C	
	named entity submits this statement fions of registered agent.	or the purpose of changing	its registere	ed office or register	red agent, or b	oth, in the State of Florid	la. I am familiar wi	th, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)					A firm only a Mark		DATE	
	Signature, typed or printed name or registered agent			d Agent signature required	when reinstating)		DAIE	
		FILE I		FEE IS \$50.00 orida Donastmo	nt of State			ł
		-		ay 1, 2003	int of State			
9.	MANAGING MEMB		10.			ADDITIONS/CH	HANGES	
TITLE	MGRM	☐ Delete	TITLE			<u> </u>	Chang	ge Addition
NAME	WOERNER, LESTER J		NAM					J
STREET ADDRESS	777 S. FLAGLER DRIVE, SUITE	1100		ET ADDRESS -ST-ZIP				,
CITY-ST-ZIP	WEST PALM BEACH FL 33401							- Addition
TITLE NAME	MGRM Woerner, Larry J	☐ Delete	TITLE				☐ Chang	ge 🗌 Addition
STREET ADDRESS	777 S. FLAGLER DRIVE, SUITE	1100		ET ADDRESS				{
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CITY-ST-ZIP			CITY-	-ST-ZIP				}
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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 trugtee epipowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4-25-03

56(- 835- 3747