

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009392

1. Entity Name
LIFIZZ SPORTS, LLC

FILED

01 MAY 21 AM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3230 COMMERCE PLACE
WEST PALM BEACH FL 33407

Mailing Address
515 N. FLAGLER DR.
#910
WEST PALM BEACH FL 33401

2. Principal Place of Business
LiFizz Sports, LLC
Suite, Apt. #, etc.
3230 Commerce Place

3. Mailing Address
c/o Daryl Cramer & Assoc., P.A.
Suite, Apt. #, etc.
515 N. Flagler Dr., Ste. 910

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL
Zip 33407 Country USA

City & State
West Palm Beach, FL
Zip 33401 Country USA

4. FEI Number 65-0985752
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DR., STE 910
WEST PALM BEACH FL 33401-4325

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
500004422545--1
-06/15/01--01064--002
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHRISTER, ROSEN 3230 COMMERCE PLACE WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, JOHN A 3230 COMMERCE PLACE WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARNEVIK, JESPER 3230 COMMERCE PLACE WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE REQUIRED

4/26/01

561-687-5210

CR2E083 (11/00)

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