

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001495

1. Entity Name
XFL, LLC

FILED

01 APR 12 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1241 EAST MAIN STREET
STAMFORD CT 06902

Mailing Address
1241 EAST MAIN STREET
STAMFORD CT 06902

2. Principal Place of Business

450 S. ORANGE AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1577567

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCMAHON, VINCENT K
1241 EAST MAIN STREET
STAMFORD CT 06902

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tom VEIT
GENERAL MANAGER
450 S. ORANGE AVE. Ste 190
ORLANDO, FL 32801

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCMAHON, LINDA E
1241 EAST MAIN STREET
STAMFORD CT 06902

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LIGUORI, AUGUST J
1241 EAST MAIN STREET
STAMFORD CT 06902

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004064833-3
-04/24/01--01068--022
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
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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 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 #

1/26/00

8467-346-484

CR2E083 (11/00)