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(Requ	uestor's Name)	
(Addi	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	,
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: Orlando Predators Fortball Team, LL (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
(Name of Person) Orlands Predators Frotball Team, LLC (Firm/Company)
(Firm/Company)
(Address)
(Address)
Or lando, FL 32803
(City/State and Zip Code)
For further information concerning this matter, please call:
Keli Davis at 407, 447- 3306
(Name of Person) at (407) 447-3306 (Area Code and Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \$30 Filing Fee & \sum \$55.00 Filing Fee & \sum \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compand Department of State is: Orlando	y as it appears on the records of the Florida Predators Football Tla	m,llc		
2. This entity was formed under the laws of: State of Delaware				
3. This entity was authorized to transact business in Florida on				
4. The name and address of each manager or managing member is as follows:				
Title: "MGR" = Manager "MGRM" = Managing Member MGRM WAY ITA	Name and Address: Row HowsE, MA	NACJEI		
MAJORITY COWNER MGRM	SUZETTE HOWSE, tr	ustee		
	10524 MOSS PARK (Suite 204-401 Orlando F1 32	ROAD :83Z		
		SECRETARY OF COR		
Required Signature: Signature of Manager, Managing Member or Member) Filing Fee: \$25				
Filing	Fee: \$25	10115		
Remove: Brett Bou	uly as MGRM			