

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031989

Entity Name: TRIPLE THREAT SOCCER ACADEMY, LLC

Current Principal Place of Business:

205 WEKIVA POINTE CIRCLE
APOPKA, FL 32712

Current Mailing Address:

205 WEKIVA POINTE CIRCLE
APOPKA, FL 32712

FEI Number: 20-4572339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHOURI, NAJI S
505 VIA DELL ORO DRIVE
UNIT 206
ALTAMONTE SPRINGS, FL 32714 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	KHOURI, NAJI S	Name	GRANT, RACHEL R
Address	505 VIA DELL ORO DRIVE #206	Address	205 WEKIVA POINTE CIRCLE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	APOPKA FL 32712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NAJI S. KHOURI

MGRM

03/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date