## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000014175

Entity Name: SOUTH FLORIDA UMPIRES ASSOCIATION LLC

FILED
Apr 27, 2017
Secretary of State
CC4181132943

## **Current Principal Place of Business:**

661 N. UNIVERSITY DR.

102

PEMBROKE PINES, FL 33024

## **Current Mailing Address:**

P.O. BOX 246481

PEMBROKE PINES, FL 33024 US

FEI Number: 45-4376891 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DUKES, ANDREW J 661 N. UNIVERSITY DR. 102

PEMBROKE PINES, FL 33024 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

Authorized Person(s) Detail:

Title MGR Title MGR

NameBALSINDE, ALEJANDRONameABLETON, PETER JOHNAddressP.O. BOX 266223Address525 CAMBRIDGE DRCity-State-Zip:WESTON FL 33226City-State-Zip:WESTON FL 33326

Title MGR Title MGR

NameCILLI, JOSEPH MJR.NameDUKES, ANDREW JAddress17038 19TH STREETAddressP.O. BOX 246481

City-State-Zip: PEMBROKE PINES FL 33028 City-State-Zip: PEMBROKE PINES FL 33024

Title MGR

Name LOUIS , KALINSKY
Address 5418 NW 90TH AVE.
City-State-Zip: SUNRISE FL 33351

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW J. DUKES

**MGR** 

04/27/2017

Date