

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000129268

**Entity Name:** METROPOLIA TENNIS ACADEMY LLC

**Current Principal Place of Business:**

19501 W COUNTRY CLUB DR  
2ND FLOOR, OFFICE  
AVENTURA, FL 33180

**Current Mailing Address:**

19501 W COUNTRY CLUB DR  
APT.#TS-9  
AVENTURA, FL 33180 US

**FEI Number:** 46-3656792

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KHOKHLOV, ALEXANDER  
19501 W COUNTRY CLUB DR  
APT.#TS-9  
AVENTURA, FL 33180 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            PRESIDENT  
Name            KHOKHLOV, ALEXANDER  
Address        19501 W COUNTRY CLUB DR  
                  APT.#TS-9  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            BELINSKY, VIKTORIA  
Address        19501 W COUNTRY CLUB DR  
                  2ND FLOOR, OFFICE  
City-State-Zip: AVENTURA FL 33180

*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:** ALEXANDER KHOKHLOV

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date