

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000164468

**Entity Name:** GREG LOVELADY BASEBALL CAMPS, LLC

**Current Principal Place of Business:**

2715 NW 65 STREET  
GAINESVILLE, FL 32606

**Current Mailing Address:**

2715 NW 65TH STREET  
GAINESVILLE, FL 32606 US

**FEI Number:** 81-3788157

**Certificate of Status Desired:** No

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

LOVELADY, GREG  
2715 NW 65 ST  
GAINESVILLE, FL 32606 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            AMBR  
Name            LOVELADY, GREG  
Address        2715 NW 65 STREET  
City-State-Zip: GAINESVILLE FL 32606

*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:** GREG LOVELADY

**OWNER**

**02/24/2025**

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

\_\_\_\_\_  
Date