

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000287652

**Entity Name:** KONA BEACH TENNIS LLC

**Current Principal Place of Business:**

8180 NW 36 STREET  
SUITE # 407  
DORAL, FL 33166

**Current Mailing Address:**

8180 NW 36TH STREET # 407  
SUITE # 407  
DORAL, FL 33166 US

**FEI Number:** 84-4636261

**Certificate of Status Desired:** No

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

ATPLUS OF MIAMI INC.  
8180 NW 36TH STREET  
# 407  
DORAL, FL 33166 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 MGR  
Name BRITO LOPES, BERNARDO  
Address 8180 NW 36TH STREET # 407  
City-State-Zip: MIAMI FL 33166

Title MGR  
Name LOPES GOMES, AUGUSTO  
Address 8180 NW 36TH STREET # 407  
City-State-Zip: MIAMI FL 33166

Title MGRM  
Name MULLER, VICTOR T  
Address 8180 NW 36 STREET  
407  
City-State-Zip: DORAL FL 33166

*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:** MULLER , VICTOR T

MGRM

02/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date