

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000383457

**Entity Name:** STADIUM CENTER SOUTH, LLC

**Current Principal Place of Business:**

29850 NORTHWESTERN HWY  
SUITE 200  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

29850 NORTHWESTERN HWY  
SUITE 200  
SOUTHFIELD, MI 48034 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ASMAR, AMER  
4750 N DALE MABRY HWY  
TAMPA, FL 33614 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 ASMAR, AMER  
Address 29850 NORTHWESTERN HWY, SUITE  
200  
City-State-Zip: SOUTHFIELD MI 48034

*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:** AMER ASMAR

**MEMBER**

**04/24/2023**

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

\_\_\_\_\_  
Date