

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000096549

**Entity Name:** EUROPEAN COLLEGE SOCCER PERFORMANCE PROGRAM, LLC

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**0661453735CC**

**Current Principal Place of Business:**

ATTN: GUY HEBDING  
27A RUE DU GENERAL DE GAULLE  
GALFINGUE, FR 68990

**Current Mailing Address:**

ATTN: GUY HEBDING  
27A RUE DU GENERAL DE GAULLE  
GALFINGUE, FR 68990 FR

**FEI Number: 88-1200778**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SCHOENSEE, KEVIN  
Address P.O. BOX 1646  
City-State-Zip: FORT MYERS FL 33902

Title AMBR  
Name HEBDING, KEVIN  
Address 27A RUE DU GENERAL DE GAULLE  
City-State-Zip: GALFINGUE FR 68990

Title AMBR  
Name HEBDING, GUY  
Address 27A RUE DU GENERAL DE GAULLE  
City-State-Zip: GALFINGUE FR 68990

*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: GUY HEBDING**

**MEMBER**

**04/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date