

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000350044

**Entity Name:** TOPFLIGHT VOLLEYBALL ACADEMY LLC

**Current Principal Place of Business:**

12791 SW 247 ST  
PRINCETON, FL 33032

**Current Mailing Address:**

12791 SW 247 ST  
PRINCETON, FL 33032

**FEI Number:** 93-2535873

**Certificate of Status Desired:** No

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

FERNANDEZ, JASON  
12791 SW 247 ST  
PRINCETON, FL 33032 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 FERNANDEZ, JASON  
Address 12791 SW 247 ST  
City-State-Zip: PRINCETON FL 33032

*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:** JASON FERNANDEZ

MGR

05/01/2025

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

\_\_\_\_\_  
Date