### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065247

Entity Name: WILLIAMS SISTERS' EVENTS, LLC

### **Current Principal Place of Business:**

C/O RICHARD K. BARRA 4400 PGA BLVD, SUITE 603 PALM BEACH GARDENS, FL 33410

# **Current Mailing Address:**

C/O RICHARD K. BARRA 4400 PGA BLVD, SUITE 603 PALM BEACH GARDENS, FL 33410 US

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

BARRA, RICHARD K 4400 PGA BLVD SUITE 603 PALM BEACH GARDENS, FL 33410 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	: RICHARD K BARRA			02/02/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	WILLIAMS, SERENA	Name	WILLIAMS, VENUS	
Address	C/O RICHARD K. BARRA 4400 PGA BOULEVARD SUITE 603	Address	C/O RICHARD K. BARRA 4400 PGA BOULEVARD SUITE 6	603
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 3	3410

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: SERENA WILLIAMS

AUTHORIZED MEMBER 02/02/2017

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 02, 2017 Secretary of State CC6965979742

Certificate of Status Desired: No

Date