# 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: KELWYN L WHITE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AXCESS PROMOTIONS AND ENTERTAINMENT, LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

13865 SW 39 STREET DAVIE, FL 33330

#### **Current Mailing Address:**

DOCUMENT# L06000027510

13865 SW 39 STREET DAVIE. FL 33330

## FEI Number: 57-1234148

### Name and Address of Current Registered Agent:

WHITE, KELWYN L 13865 SW 39 STREET DAVIE, FL 33330 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:

### Authori

Title	MGRM	Title	MGRM
Name	WHITE, KELWYN L	Name	DOUGLAS, TRACEY D
Address	13865 SW 39 STREET	Address	13865 SW 39 STREET
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

	Electronic Signature of Registered Agent				
rized Person(s) Detail :					
	MGRM	Title	MGRM		
	WHITE, KELWYN L	Name	DOUGLAS, TRACEY D		

03/31/2014

PRESIDENT

Date

FILED Mar 31, 2014 Secretary of State CC1287019054

Certificate of Status Desired: No

Date