I hereby certify that the information indicated on this report or supplemental report is true and accurate and i oath; that I am a managing member or manager of the limited liability company or the receiver or trustee en- that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: LINA PORTNOY	MANAGING MEMBER	03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L07000011299

Entity Name: LINA PORTNOY EVENT DESIGN AND PLANNING, LLC

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

10323 BREEZEWAY PLACE BOCA RATON. FL 33428

### **Current Mailing Address:**

10323 BREEZEWAY PLACE BOCA RATON, FL 33428 US

### FEI Number: 20-8391580

## Name and Address of Current Registered Agent:

PORTNOY, LINA 10323 BREEZEWAY PLACE BOCA RATON, FL 33428 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

### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PORTNOY, LINA	Name	PORTNOY, ILYA
Address	10323 BREEZEWAY PLACE	Address	10323 BREEZEWAY PLACE
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428

# Certificate of Status Desired: No

FILED Mar 10, 2016 Secretary of State CC2237584638

Date

Date