

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034035

**Entity Name:** THE SEQUELS OPERATION, LLC

**Current Principal Place of Business:**

927 LINCOLN RD  
STE 200  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 403004  
MIAMI BEACH, FL 33140 US

**FEI Number:** 26-0462665

**Certificate of Status Desired:** No

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

RAKONTUR LLC  
927 LINCOLN RD  
STE 200  
MIAMI BEACH, FL 33139 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 SPELLMAN, ALFRED  
Address PO BOX 403004  
City-State-Zip: MIAMI BEACH FL 33140

Title MGR  
Name COHEN, WILLIAM  
Address PO BOX 403004  
City-State-Zip: MIAMI BEACH FL 33140

*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:** ALFRED SPELLMAN

**MGR**

**06/26/2020**

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

\_\_\_\_\_  
Date