

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097169

Entity Name: SENSATIONAL EXPERIENCES, LLC

Current Principal Place of Business:

7171 CORAL WAY SUITE 104
UNIT 32
MIAMI, FL 33155

Current Mailing Address:

7171 CORAL WAY SUITE 104
MIAMI, FL 33155 US

FEI Number: 26-2232458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOENAGA, CARMEN JMS.
13457 NW 8 ST
MIAMI, FL 33182 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 GOENAGA, CARMEN JMS.
Address 13457 NW 8 ST
City-State-Zip: MIAMI FL 33182

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: CARMEN GOENAGA

MANAGER

01/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date