

**2015 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**

**04/17/2015**

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

\_\_\_\_\_  
Date