

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054289

**Entity Name:** HOME THEATER LIFESTYLES LLC

**Current Principal Place of Business:**

2282 SW NIGHTINGALE TERRACE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

2282 SW NIGHTINGALE TERRACE  
PORT ST. LUCIE, FL 34953

**FEI Number:** 26-2726717

**Certificate of Status Desired:** No

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

FITZGERALD, JACK  
2282 SW NIGHTINGALE TERRACE  
PORT ST. LUCIE, FL 34953 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	Title	MGR
Name	FITZGERALD, JACK	Name	MUNERA, CLAUDIA
Address	2282 SW NIGHTINGALE TERRACE	Address	2282 SW NIGHTINGALE TERRACE
City-State-Zip:	PORT ST. LUCIE FL 34953	City-State-Zip:	PORT ST. LUCIE FL 34953

*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:** CLAUDIA MUNERA

**MANAGER**

**04/29/2016**

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

\_\_\_\_\_  
Date