

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000057252

Entity Name: ENT LIVE L.L.C.

Current Principal Place of Business:

6727 S. LOIS AVE
404
TAMPA, FL 33616

Current Mailing Address:

P.O. BOX 360146
TAMPA, FL 33673 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, MONIQUE L
6727 S. LOIS AVENUE
404
TAMPA, FL 33616 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 PRESIDENT
Name THOMPSON, TOMMY
Address 19755 N.W. 33RD CT.
City-State-Zip: MIAMI GARDENS FL 33056

Title VP
Name WILLIAMS, MONIQUE
Address 6727 S. LOIS AVENUE APT#404
City-State-Zip: TAMPA FL 33616

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: MONIQUE WILLIAMS

VP

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date