

**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