

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078373

**Entity Name:** ORLANDOFEST, LLC

**Current Principal Place of Business:**

10804 WATERFORD COURT  
ORLANDO, FL 32821

**Current Mailing Address:**

PO BOX 690096  
ORLANDO, FL 32869 US

**FEI Number:** 27-3116270

**Certificate of Status Desired:** No

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

WHWW, INC.  
390 N ORANGE AVE SUITE 1500  
ORLANDO, FL 32801 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 MR.  
Name FINIZIO, THOMAS  
Address 10920 EMERALD CHASE DRIVE  
City-State-Zip: ORLANDO FL 32836

Title MRS  
Name PARKER, ROBIN  
Address 17643 DEER ISLE CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

Title MR.  
Name COOPER, JOSEPH  
Address 190 ROPER DRIVE  
City-State-Zip: WINTER GARDEN FL 34787

Title MR  
Name MASON, JOSEPH DANIEL  
Address 532 ELM AVENUE  
City-State-Zip: SALT LAKE CITY UT 84106

Title MR.  
Name RAUSCHER, PAUL  
Address 10804 WATERFORD COURT  
City-State-Zip: ORLANDO FL 32821

Title MR  
Name STONE, AARON  
Address 7617 NOTTINGHILL SKY DRIVE  
City-State-Zip: APOLLO BEACH FL 33572

*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:** JOSEPH MASON

**MANAGING DIRECTOR**

**03/04/2019**

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

\_\_\_\_\_  
Date