## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000028435

**Entity Name: RELIVETONIGHT LLC** 

**Current Principal Place of Business:** 

306 ESSEX CT

BLOOMINGDALE, IL 60108

**Current Mailing Address:** 

306 ESSEX CT

BLOOMINGDALE. IL 60108 US

FEI Number: 45-4651416 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESAI, DEVANG 420 SOUTH DIXIE HIGHWAY THIRD FLOOR CORAL GABLES, FL 33146 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

FILED Jan 14, 2017

**Secretary of State** 

CC0067628938

Authorized Person(s) Detail:

SIGNATURE: DREW WILLERT

Title MGRM Title MGRM

NameWILLERT, DREW JNameWILLERT, ALEX GAddress306 ESSEX CTAddress306 ESSEX CT

City-State-Zip: BLOOMINGDALE IL 60108 City-State-Zip: BLOOMINGDALE IL 60108

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.

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT 01/14/2017

Date