

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000130243

Entity Name: TICKETFREAK, LLC.**Current Principal Place of Business:**201 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI, FL 33131**Current Mailing Address:**201 SOUTH BISCAYNE BLVD.
SUITE 800
MIAMI, FL 33131**FEI Number:** 46-1175547**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAW CENTER OF THE AMERICAS, LLC
201 SOUTH BISCAYNE BLVD.
800
MIAMI, FL 33131 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	MGRM
Name	RUSSAKOFF, ADAM
Address	201 SOUTH BISCAYNE BLVD. SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	MEMBER
Name	FAIBISCH, RUSSELL C
Address	201 SOUTH BISCAYNE BLVD. SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	MEMBER
Name	FAIBISCH, CHARLES
Address	201 SOUTH BISCAYNE BLVD. SUITE 800
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	KAMINSKI, DAVID A
Address	201 SOUTH BISCAYNE BLVD. SUITE 800
City-State-Zip:	MIAMI FL 33131

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: ADAM RUSSAKOFF**MANAGER****06/15/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date