

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000036059

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**2139193910CC**

**Entity Name:** SENSATION BAND LLC

**Current Principal Place of Business:**

3167 AUBURN BLVD  
APT 103  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3167 AUBURN BLVD  
APT 103  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 87-2973861

**Certificate of Status Desired:** No

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

JOCELIN, ESDRAS  
3167 AUBURN BLVD  
APT 103  
FORT LAUDERDALE, FL 33312 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:** ESDRAS JOCELIN

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER  
Name JOCELIN, ESDRAS  
Address 3167 AUBURN BLVD  
APT 103  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGR  
Name JOCELIN, MARC  
Address 3167 AUBURN BLVD  
APT 103  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MANAGER  
Name WONGUER, EDOUARD  
Address 3167 AUBURN BLVD  
APT 103  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MANAGER  
Name SILVIUS, LOUSEBY  
Address 3167 AUBURN BLVD  
APT 103  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MANAGER  
Name GEORGES, JERRY  
Address 3167 AUBURN BLVD  
APT 103  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** ESDRAS JOCELIN

OWNER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date