

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000022244

**FILED**  
**Feb 14, 2015**  
**Secretary of State**  
**CC6717963375**

**Entity Name:** DARY'S PARTY RENTALS LLC

**Current Principal Place of Business:**

8907 COVERED BRIDGE CT  
TAMPA, FL 33634

**Current Mailing Address:**

8907 COVERED BRIDGE CT  
TAMPA, FL 33634 UN

**FEI Number:** 46-5017323

**Certificate of Status Desired:** No

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

VALENCIA, JONATHAN  
13400 DOTTIE DR  
TAMPA, FL 33617 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	AMBR	Title	MGR
Name	VALENCIA, JONATHAN	Name	DOMINGUEZ, LUZ D
Address	13400 DOTTIE	Address	8907 COVERED BRIDGE CT
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33634
Title	AMBR	Title	AMBR
Name	VALENCIA, ROBINSON	Name	VALENCIA, EDGAR G
Address	8907 COVERED BRIDGE CT	Address	8907 COVERED BRIDGE CT
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	AMBR	Title	AMBR
Name	VALENCIA, MARISOL	Name	IRIZARRY, LILIANA M
Address	8907 COVERED BRIDGE CT	Address	4949 MARBRISA
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33624

*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:** JONATHAN VALENCIA

AMBER

02/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date