

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000026429

Entity Name: CONNECTION FESTIVAL LLC

Current Principal Place of Business:

4652 CRESCENT STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

4652 CRESCENT STREET
JACKSONVILLE, FL 32205 US

FEI Number: 46-4838137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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
Name PUIG, MATEO
Address 7749 NORMANDY BLVD., SUITE 145-363
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR
Name LEZCANO, ARMANDO J III
Address 7749 NORMANDY BLVD., SUITE 145-363
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR
Name GREGORY, JULIA A
Address 7749 NORMANDY BLVD., SUITE 145-363
City-State-Zip: JACKSONVILLE FL 32221

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: ARMANDO LEZCANO

OWNER

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date