

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000106946

**Entity Name:** RE-IMAGINE EVENTS, LLC

**Current Principal Place of Business:**

6105 CEZANNE AVE.  
LUTZ, FL 33558

**Current Mailing Address:**

6105 CEZANNE AVE.  
LUTZ, FL 33558 US

**FEI Number:** 47-1825095

**Certificate of Status Desired:** Yes

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

RIVERA, ELVIA  
6105 CEZANNE AVE.  
LUTZ, FL 33558 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	Title	MGRM
Name	RIVERA, ELVIA	Name	ABBOUD, RANIA
Address	6105 CEZANNE AVE.	Address	3321 W. WYOMING CIRCLE
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	TAMPA FL 33611

*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:** ELVIA RIVERA

**OWNER**

**03/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date