

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000186647

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CC4183766791**

**Entity Name:** AIRFUNGAMES EVENT SERVICES LLC

**Current Principal Place of Business:**

2029 ACADEMY CT  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

2029 ACADEMY CT  
NEW PORT RICHEY, FL 34655

**FEI Number:** 47-3072426

**Certificate of Status Desired:** No

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

AGELADELIS, TERPOS  
2029 ACADEMY CT  
NEW PORT RICHEY, FL 34655 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            MGMR  
Name            AGELADELIS, TERPOS  
Address        2029 ACADEMY CT  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            MGMR  
Name            AGELADELIS, CHRYSAFO  
Address        2029 ACADEMY CT  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            MGMR  
Name            AGELADELIS, CHRISTINE  
Address        2029 ACADEMY CT  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** TERPOS AGELADELIS

VP

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date