2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2015
Secretary of State
CC4581654648

DOCUMENT# L14000190574

Entity Name: NO DAYS OFF ENTERTAINMENT, LLC

Current Principal Place of Business:

5545 PLAYA WAY
2
JACKSONVILLE, FL 32211

Current Mailing Address:

PO BOX 48131
JACKSONVILLE, FL 32247

FEI Number: 47-2544393

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS, GIGI A
5545 PLAYA WAY
2
JACKSONVILLE, FL 32211 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	COO	Title	CEO
Name	WILLIAMS, SHADANA	Name	THOMAS, GIGI A
Address	6026 SE 152ND ST	Address	PO BOX 48131
City-State-Zip:	HAWTHORNE FL 32640	City-State-Zip:	JACKSONVILLE FL 32247

Title	SEC
Name	KING, SHONTAYE
Address	5545 PLAYA WAY UNIT 2
City-State-Zip:	JACKSONVILLE FL 32211

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: GIGI THOMAS OWNER 03/06/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date