

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000212119

**Entity Name:** HOUSE OF PAIN ENTERTAINMENT,"LLC"

**Current Principal Place of Business:**

50 N.E 213 ST  
MIAMI, FL 33179

**Current Mailing Address:**

50 N.E 213 ST  
MIAMI, FL 33179 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JEAN PHILIPPE, JEAN RAYMOND JR.,  
50 N.E 213TH STREET  
MIAMI GARDENS, FL 33179 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            OWNER, FOUNDER, CEO  
Name            JEAN PHILIPPE, JEAN RAYMOND JR.,  
Address        50 NE 213ST  
City-State-Zip: MIAMI FL 33179

Title            CO-OWNER  
Name            APPEL, DAVID SR.  
Address        1475 NE 125TH TERRACE  
                  405  
City-State-Zip: NORTH MIAMI FL 33161

Title            CO-OWNER  
Name            DENNIS, SHAWN SR.  
Address        407 NW 9TH COURT  
City-State-Zip: HOMESTEAD FL 33030

*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:** JEAN RAYMOND JEAN PHILIPPE

**MANAGER/OWNER**

**05/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date