### 2019 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

# Name and Address of Current Registered Agent:

JEAN PHILIPPE, JEAN RAYMOND JR., 50 N.E 213TH STREET MIAMI GARDENS, FL 33179 US

Date

FILED

Certificate of Status Desired: Yes

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

# Authorized Person(s) Detail :

Title	OWNER, FOUNDER, CEO	Title	CO-OWNER
Name	JEAN PHILIPPE, JEAN RAYMOND JR.,	Name	APPEL, DAVID SR.
Address	50 NE 213ST	Address	1475 NE 125TH TERRACE
City-State-Zip:	MIAMI FL 33179		405
City-State-Zip.		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

OWNER

Electronic Signature of Signing Authorized Person(s) Detail

Date