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

SIGNATURE: SHIRLARIAN WILLIAMS MANAGING MEMBER

FORT MYERS, FL 33901

Current Principal Place of Business:

Current Mailing Address:

4224 CLEVELAND AVE.

SUITE 1

DOCUMENT# L16000004048

4224 CLEVELAND AVE. SUITE 1 FORT MYERS, FL 33901 US

FEI Number: 81-1062834

Name and Address of Current Registered Agent:

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: IT'S IN THE DETAILS EVENT SERVICES, LLC

WILLIAMS, SHIRLARIAN N 4224 CLEVELAND AVE. SUITE 1 FORT MYERS, FL 33901 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

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	WILLIAMS, SHIRLARIAN N	Name	ELIZAIRE, TANISHA
Address	4224 CLEVELAND AVE. SUITE 1	Address	4224 CLEVELAND AVE. SUITE 1
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901

Electronic Signature of Signing Authorized Person(s) Detail

that my name appears above, or on an attachment with all other like empowered.

Certificate of Status Desired: No

04/30/2018

Date