

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000110504

**Entity Name:** SEARS PARTIES & EVENTS, LLC

**Current Principal Place of Business:**

7867 CHASE MEADOWS DR. EAST  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7867 CHASE MEADOWS DR. EAST  
JACKSONVILLE, FL 32256

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SEARS, ROBBIE  
7867 CHASE MEADOWS DR. EAST  
JACKSONVILLE, FL 32256 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 AR  
Name SEARS, ROBBIE  
Address 7867 CHASE MEADOWS DR. EAST  
City-State-Zip: JACKSONVILLE FL 32256

*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:** ROBBIE SEARS

AR

06/30/2020

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

\_\_\_\_\_  
Date