

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000113810

**Entity Name:** EXTRAORDINARY EVENTZ ,LLC

**Current Principal Place of Business:**

17578 CORALLINA DRIVE  
MATLACHA ISLES, FL 33991

**Current Mailing Address:**

PO BOX 413  
MATLACHA, FL 33993 UN

**FEI Number:** 27-1991243

**Certificate of Status Desired:** No

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

REECE, LISA  
17578 CORALLINA DRIVE  
MATLACHA ISLES, FL 33991 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 MGR  
Name REECE, LISA  
Address 17578 CORALLINA DRIVE  
City-State-Zip: MATLACHA ISLES FL 33991

*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:** LISA REECE

**OWNER**

**01/12/2017**

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

\_\_\_\_\_  
Date