

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000185964

**Entity Name:** SPARTACUS NIGHT CLUB LLC

**Current Principal Place of Business:**

2209 WILTON DRIVE  
WILTON MANORS, FL 33305

**Current Mailing Address:**

347 N NEW RIVER DR  
3204  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 81-4073620

**Certificate of Status Desired:** No

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

MULE, SALVATORE  
347 N NEW RIVER DR  
3204  
FORT LAUDERDALE, FL 33301 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 EAGLE WILTON MANORS INC.  
Address 347 N NEW RIVER DR  
3204  
City-State-Zip: FORT LAUDERDALE FL 33301

Title AUTHORIZED MEMBER  
Name RANZENIGO, FIORENZO  
Address 633 NE 20TH ST  
City-State-Zip: WILTON MANORS FL 33305

Title MEMBER  
Name KINGSMAN ENTERTAINMENT, LLC  
Address 2232 WILTON PARK DR  
City-State-Zip: WILTON MANORS FL 33305

Title MEMBER  
Name ANZA, DIEGO  
Address 2911 NE 8TH TER  
104  
City-State-Zip: WILTON MANORS FL 33334

*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:** SALVATORE MULE

**AGENT**

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date