

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000074205

**Entity Name:** 1350 MUSIQ LOUNG3, LLC**Current Principal Place of Business:**1310 SOUTH DIXIE HWY. WEST  
21  
POMPANO BEACH, FL 33060**Current Mailing Address:**1310 SOUTH DIXIE HWY. WEST  
21  
POMPANO BEACH, FL 33060 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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 AMBR  
Name INNOCENT, TEVENO  
Address 1310 SOUTH DIXIE HWY., WEST UNIT  
21  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name AUGUSTIN, ERIC  
Address 1310 SOUTH DIXIE HWY., WEST UNIT  
21  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name CENATUS, PIERRE-FERRE  
Address 1310 SOUTH DIXIE HWY., WEST UNIT  
21  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name DORCILUS, PATRICK  
Address 1310 SOUTH DIXIE HWY., WEST UNIT  
21  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name LAGUERRE, MARVINS  
Address 1310 SOUTH DIXIE HWY., WEST UNIT  
21  
City-State-Zip: POMPANO BEACH FL 33060

Title AMBR  
Name CENATUS, JOHN  
Address 1310 SOUTH DIXIE HWY., WEST UNIT  
21  
City-State-Zip: POMPANO BEACH FL 33060

*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:** TEVENO INNOCENT

AMBR

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date