

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000180215

**Entity Name:** NIGHTLIFE HOSPITALITY LLC

**Current Principal Place of Business:**

15215 LIVINGSTON AVE  
STE 29  
LUTZ, FL 33559

**Current Mailing Address:**

15215 LIVINGSTON AVE  
STE 29  
LUTZ, FL 33559 US

**FEI Number:** 82-2568578

**Certificate of Status Desired:** No

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

EADES, LYNDELL  
15215 LIVINGSTON AVE  
STE 29  
LUTZ, FL 33559 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 EADES, LYNDELL  
Address 15215 LIVINGSTON AVE STE 29  
City-State-Zip: LUTZ FL 33559

Title MGR  
Name FRANZE, CRAIG  
Address 3018 GEIGER CT  
City-State-Zip: CLEARWATER FL 33761

Title MGR  
Name REARDON, DEAN  
Address 290 EAGLE KNOB POINT  
City-State-Zip: LAKE MARY FL 32746

*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:** LYNDELL EADES

**MANAGER**

**02/25/2019**

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

\_\_\_\_\_  
Date