

2022 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	MANAGER
Name	EADES, LYNDELL
Address	15215 LIVINGSTON AVENUE STE 29
City-State-Zip:	LUTZ FL 33559

Title	MANAGER
Name	FRANZE, CRAIG
Address	15215 LIVINGSTON AVE STE 29
City-State-Zip:	LUTZ FL 33559

Title	MANAGER
Name	REARDON, DEAN
Address	290 EAGLE KNOT 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

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date