

2020 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

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date