

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000007888

**Entity Name:** STAGEKRAFT L.L.C

**Current Principal Place of Business:**

800 OCALA RD  
300-128  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

800 OCALA RD  
300-128  
TALLAHASSEE, FL 32304 UN

**FEI Number:** 82-3989340

**Certificate of Status Desired:** No

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

ASANTE, SAMUEL  
800 OCALA RD  
300-128  
TALLAHASSEE, FL 32304 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 ASANTE, SAMUEL  
Address 800 OCALA RD #300-128  
City-State-Zip: TALLAHASSEE FL 32308

Title MGR  
Name OSAM-PINANKO, JOSEPH  
Address 800 OCALA RD #300-128  
City-State-Zip: TALLAHASSEE FL 32304

Title MMMM  
Name ASHIDAM, OTHNIEL  
Address 800 OCALA RD #300-128  
City-State-Zip: TALLAHASSEE FL 32304

*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:** JOSEPH OSAM-PINANKO

MGR

06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date