

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000022255

**Entity Name:** CENTRAL FLORIDA ENTERTAINMENT AND EVENT SERVICES  
LLC**Current Principal Place of Business:**3063 LAKESHORE BLVD  
ST CLOUD, FL 34769**Current Mailing Address:**3063 LAKESHORE BLVD  
ST CLOUD, FL 34769 US**FEI Number: 82-4843030****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**REXACH, LUIS  
3063 LAKESHORE BLVD  
ST CLOUD, FL 34769 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: LUIS REXACH****11/21/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR
Name	GERARDI, ANTHONY
Address	155 CAMDEN AVENUE
City-State-Zip:	STATEN ISLAND NY 10309

Title	AMBR
Name	REXACH, LUIS
Address	3063 LAKESHORE BLVD
City-State-Zip:	SAINT CLOUD FL 34769

Title	AMBR
Name	DIDONNA, MASSIMILIANO
Address	90 JOHANNA LANE
City-State-Zip:	STATEN ISLAND NY 10309

Title	AMBR
Name	GREGORIO, MICHAEL
Address	114 EAGAN AVENUE
City-State-Zip:	STATEN ISLAND NY 10312

*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: LUIS REXACH****OWNER****11/21/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date