

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000022255

**Entity Name:** CENTRAL FLORIDA ENTERTAINMENT AND EVENT SERVICES  
LLC

**Current Principal Place of Business:**

5159 RAVENA AVE EAST  
ST CLOUD, FL 34771

**Current Mailing Address:**

5159 RAVENA AVE EAST  
ST CLOUD, FL 34771 US

**FEI Number:** 82-4843030

**Certificate of Status Desired:** No

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

REXACH, LUIS  
5159 RAVENA AVE EAST  
ST CLOUD, FL 34771 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

04/22/2020

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 5159 RAVENA AVE EAST  
City-State-Zip: ST CLOUD FL 34771

Title AMBR  
Name ALBERTSON, DAVID  
Address 28 NATE LANE  
City-State-Zip: HOWELL NJ 07731

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

AMBR

04/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date