

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000278906

**Entity Name:** AMAYSING ENTERTAINMENT LLC

**Current Principal Place of Business:**

6608 S WEST SHORE BLVD  
APT 3317  
TAMPA, FL 33616

**Current Mailing Address:**

6608 S WEST SHORE BLVD  
APT 3317  
TAMPA, FL 33616 US

**FEI Number:** 83-2829551

**Certificate of Status Desired:** Yes

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

MAYS, STANLEY E JR.  
6608 S WEST SHORE BLVD  
APT 3317  
TAMPA, FL 33616 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 AP  
Name MAYS, GENNA M  
Address 6608 S WEST SHORE BLVD  
APT 3317  
City-State-Zip: TAMPA FL 33616

Title AMBR  
Name MAYS, SHAMAR M  
Address 6608 S WEST SHORE BLVD  
APT 3317  
City-State-Zip: TAMPA FL 33616

Title MANGER  
Name MAYS, STANLEY EARL JR.  
Address 6608 S WEST SHORE BLVD  
APT 3317  
City-State-Zip: TAMPA FL 33616

*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:** STANLEY E MAYS JR

**OWNER**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date