

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000009723

**Entity Name:** IDEAL EXPERIENCE ENTERTAINMENT GROUP, LLC

**Current Principal Place of Business:**

16408 SW 304TH STREET  
APT 103  
HOMESTEAD, FL 33033

**Current Mailing Address:**

16408 SW 304TH STREET  
APT 103  
HOMESTEAD, FL 33033 US

**FEI Number:** 83-3206816

**Certificate of Status Desired:** No

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

LADAKER, SHAQUALIA V  
16408 SW 304TH STREET  
APT 103  
HOMESTEAD, FL 33033 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 LADAKER, SHAQUALIA V  
Address 16408 SW 304 ST APT 103  
City-State-Zip: HOMESTEAD FL 33033

*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:** SHAQUALIA V LADAKER

MGR

02/02/2021

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

\_\_\_\_\_  
Date