## 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000265473

Entity Name: AGAMSE EVENT PLANNER, "LLC"

**Current Principal Place of Business:** 

1909 SW FLOWER LANE PORT ST.LUCIE. FL 34953

**Current Mailing Address:** 

1909 SW FLOWER LANE PORT ST.LUCIE, FL 34953 US

FEI Number: 84-3447165 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARTLEY, ANGELICA 1909 SW FLOWER LANE PORT ST.LUCIE, FL 34953 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: ANGELICA HARTLEY 01/21/2021

Electronic Signature of Registered Agent

Date

FILED Jan 21, 2021

**Secretary of State** 

2517335202CR

## Authorized Person(s) Detail:

Title AUTHORIZED MEMBER
Name MACIAS, ANGELICA
Address 1909 SW FLOWER LANE
City-State-Zip: PORT ST LUCIE FL 34953

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: ANGELICA MACIAS AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

THORIZED MEMBER 01/21/2021

Date