

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000047434

**Entity Name:** SAMANTHA MICHELLE SPECIAL EVENTS LLC

**Current Principal Place of Business:**

464 FAMU WAY  
SUITE D  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2749 PECAN ROAD  
APT 506  
TALLAHASSEE, FL 32303 US

**FEI Number:** 45-1237491

**Certificate of Status Desired:** No

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

HESKEY, SAMANTHA M  
2749 PECAN ROAD  
APT 506  
TALLAHASSEE, FL 32303 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 HESKEY, SAMANTHA M  
Address 2749 PECAN ROAD, APT 506  
City-State-Zip: TALLAHASSEE FL 32303

*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:** SAMANTHA HESKEY

**OWNER**

**04/29/2023**

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

\_\_\_\_\_  
Date