2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State

					03-07-2008 9	90225 034 ***13	38 75
DOCUMENT # L07000049165 1. Entity Name NATIONWIDE TENTS N EVENTS, LLC					03-07-2008 .		,0.15
Principal Place	e of Business	Mailing Address	***		00040	470 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business 6800 YORKWOOD STREET NAVARRE, FL 32566		6800 YORKWOOD STREET NAVARRE, FL 32566			60013	767	•
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb	©144266	<u> </u>	oplied For ot Applicable
Zip	Country	Ζίρ	Country	5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	d Address of New Re	gistered Agent	
DITCINICO	S FILINGS INCORPORATED		Name				·
1203 GOV	ERNORS SQUARE BLVD., ST SSEE. FL 32301-2960	ΓE. 101	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
77 ILC 7 11 IV	3000,12 02001 2000						
			City			FL Zip Cod	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or re	registered agent, or bo	oth, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)		DATE	
FILE	Signature, typed or printed name of registered agent NOWILL FEE IS \$138.75		Registered Agent signature	e required when reinstating)	· ·	check payable to	
FILE			Registered Agent signature	e required when reinstating)	· ·		
FILE	NOW!!! FEE IS \$138.75	5	Registered Agent signature	e required when reinstating)	· ·	check payable to Department of Stat	
After May	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75 MANAGING MEMBE	5	10.	e required when reinstating)	Florida	check payable to Department of Stat	
FILE After May 9. 1111E NAME	MANAGING MEMBE MGRM PIPPIN, CHARLES	RS/MANAGERS	10. TITLE NAME	e required when reinstating)	Florida	e check payable to Department of Stat CHANGES	e
After May	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	10.	e required when reinstating)	Florida	e check payable to Department of Stat CHANGES	e
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TOPED OF PRINTED MARE OF SINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/29/18

850-685-8667

Daytime Phone #