

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000081956

Entity Name: EXPOSITION MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

199 EAST FLAGLET STREET
#1760
MIAMI, FL 33131

Current Mailing Address:

199 EAST FLAGLER STREET
#1760
MIAMI, FL 33131 US

FEI Number: 27-3181755

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LESTER, DAVID
199 EAST FLAGLER ST. #1760
MIAMI, FL 33131 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 MGRM
Name LESTER, DAVID
Address 199 EAST FLAGLER STREET
#1760
City-State-Zip: MIAMI FL 33131

Title MGRM
Name LESTER, LEE ANN
Address 199 EAST FLAGLER STREET
#1760
City-State-Zip: MIAMI FL 33131

Title MGRM
Name HOBERMAN, MICHAEL
Address 199 EAST FLAGLER STREET
#1760
City-State-Zip: MIAMI FL 33131

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: DAVID LESTER

MANAGING PARTNER

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date