

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082506

**Entity Name:** MR.LOCKOUT ENTERPRISES, LLC

**Current Principal Place of Business:**

2598 EAST SUNRISE BLVD  
210A  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

PO BOX 5725  
FORT LAUDERDALE, FL 33310 US

**FEI Number:** 45-2789248

**Certificate of Status Desired:** No

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

MILFORT, NICHOLSON  
6420 N.W. 24TH PL  
SUNRISE, FL 33313 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                | Title           | MGR                |
| Name            | MILFORT, NICHOLAS  | Name            | MILFORT, NICHOLSON |
| Address         | 6420 NW 24TH PLACE | Address         | 6420 N.W. 24TH PL  |
| City-State-Zip: | SUNRISE FL 33313   | City-State-Zip: | SUNRISE FL 33313   |

*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:** NICHOLSON MILFORT

**MANAGER**

**03/11/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date