

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000018821

Entity Name: HANSON'S SHOE REPAIR SHOP, LLC**Current Principal Place of Business:**27 E PINE ST
ORLANDO, FL 32801**Current Mailing Address:**116 S. ORANGE AVE
ORLANDO, FL 32801 US**FEI Number:** 45-4996169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GITTO, JEFFREY
155 S. COURT AVE
2614
ORLANDO, FL 32801 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 NV ENTERTAINMENT LLC
Address 116 S ORANGE AVE
City-State-Zip: ORLANDO FL 32801Title MGRM
Name POUR CHOICES LLC
Address 7024 LAKE OLA DR.
City-State-Zip: MOUNT DORA FL 32757Title MGRM
Name HAND, CHRIS
Address 2414 COLE ROAD
City-State-Zip: ORLANDO FL 32803Title MGRM
Name GITTO, JEFFREY
Address 155 S. COURT AVENUE
2614
City-State-Zip: ORLANDO FL 32801Title MGRM
Name DUART LLC
Address 415 E. PINE STREET
City-State-Zip: ORLANDO FL 32801

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: JEFFREY GITTO**MEMBER****05/02/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date