

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000063655

Entity Name: CUSTOMIZED EXPERIENCES SERVICES LLC

Current Principal Place of Business:

10911 NW 67 TERRACE
DORAL, FL 33178

Current Mailing Address:

10911 NW 67 TERRACE
DORAL, FL 33178 US

FEI Number: 45-5299297

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CEBALLOS, HAYDEE CPA
354 SEVILLA AVENUE
CORAL GABLES, FL 33134 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 CUSTOMIZED EXPERIENCES GROUP LLC
Address 10911 NW 67 TERRACE
City-State-Zip: DORAL FL 33178

Title MGR
Name PONCIO, ALFREDO T
Address 10911 NW 67 TERRACE
City-State-Zip: DORAL FL 33178

Title MGR
Name RIERA, REINA
Address 10911 NW 67 TERRACE
City-State-Zip: DORAL FL 33178

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALFREDO PONCIO

MGR

04/02/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date