

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000026429

**Entity Name:** CONNECTION FESTIVAL LLC

**Current Principal Place of Business:**

7749 NORMANDY BLVD.  
SUITE 145-363  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

7749 NORMANDY BLVD.  
SUITE 145-363  
JACKSONVILLE, FL 32221 US

**FEI Number:** 46-4838137

**Certificate of Status Desired:** Yes

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

MAJURE LAW, PLLC  
4150 BELFORT ROAD  
#551642  
JACKSONVILLE, FL 32255 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:** LAUREN MAJURE

04/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PUIG, MATEO  
Address 7749 NORMANDY BLVD., SUITE 145-363  
City-State-Zip: JACKSONVILLE FL 32221

Title MGR  
Name LEZCANO, ARMANDO J III  
Address 7749 NORMANDY BLVD., SUITE 145-363  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name GREGORY, JULIA A  
Address 7749 NORMANDY BLVD., SUITE 145-363  
City-State-Zip: JACKSONVILLE FL 32221

Title AMBR  
Name MANDEL, JORDAN  
Address 4150 BELFORT RD #550875  
City-State-Zip: JACKSONVILLE FL 32255

Title AMBR  
Name LAWLESS, ANDREW M JR.  
Address 4150 BELFORT ROAD #550875  
City-State-Zip: JACKSONVILLE FL 32255

*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:** ARMANDO J. LEZCANO III

MGR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date