

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000067145

**Entity Name:** 7459 EXCITEMENT LLC

**Current Principal Place of Business:**

19400 HUNTER TRAIL  
MOKENA, IL 60448

**Current Mailing Address:**

19400 HUNTER TRAIL  
MOKENA, IL 60448 US

**FEI Number:** 47-2515870

**Certificate of Status Desired:** No

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

COSGROVE, TIMOTHY J  
1420 CELEBRATION AVE  
STE 200  
CLELBRATION, FL 34747 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 AMBR  
Name KOTARA, JOHN H  
Address 19400 HUNTER TRAIL  
City-State-Zip: MOKENA IL 60448

Title AP  
Name KOTARA, LINDA L  
Address 19400 HUNTER TRAIL  
City-State-Zip: MOKENA IL 60448

Title AP  
Name GERMICK, PETER T  
Address 17922 ARCADIA AVE  
City-State-Zip: LANSING IL 60438

Title AP  
Name KOTARA, LUCAS J  
Address 12549 SURREY COURT  
City-State-Zip: MOKENA IL 60448

Title AP  
Name EWANIC, RENE L  
Address 12539 SUFFOLK CT  
City-State-Zip: MOKENA IL 60448

*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:** JOHN KOTARA

02/23/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date