

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103882

**Entity Name:** DINING PASS, LLC

**Current Principal Place of Business:**

4700 MILLENIA BLVD.  
SUITE 400  
ORLANDO, FL 32839

**Current Mailing Address:**

4700 MILLENIA BLVD.  
SUITE 400  
ORLANDO, FL 32839 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NEUKAMM, MICHAEL  
301 E. PINE STREET  
STE 1400  
ORLANDO, FL 32802 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  
Name AVALLONE, THOMAS  
Address 4700 MILLENIA BLVD., STE 400  
City-State-Zip: ORLANDO FL 32839

*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:** THOMAS AVALLONE

**MANAGER**

**02/11/2016**

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

\_\_\_\_\_  
Date