

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000118969

Entity Name: NIGHTLIFE INNOVATIONS, LLC.

Current Principal Place of Business:

333 E BAY ST
JACKSONVILLE, FL 32202

Current Mailing Address:

13830 CYRUS CT.
JAX, FL 32224 US

FEI Number: 47-4482834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MROZ, JON E
13830 CYRUS CT.
JACKSONVILLE, FL 32224 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 PRES
Name MROZ, JON E
Address 13830 CYRUS CT.
City-State-Zip: JACKSONVILLE FL 32224

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: JON MROZ

PRESIDENT

03/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date