

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000098651

**Entity Name:** EVENTOS LA PROMESA, LLC

**Current Principal Place of Business:**

4284 SAWYER CIRCLE  
APT. A  
ST. CLOUD, FL 34772

**Current Mailing Address:**

4284 SAWYER CIRCLE  
APT. A  
ST. CLOUD, FL 34772

**FEI Number:** 81-2738167

**Certificate of Status Desired:** No

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

RIVERA, DIANA  
4284 SAWYER CIRCLE  
APT. A  
ST. CLOUD, FL 34772 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 QUILES, JUSTIN R  
Address 4284 SAWYER CIRCLE, APT. A  
City-State-Zip: ST. CLOUD FL 34772

*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:** JUSTIN QUILES

03/19/2017

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

\_\_\_\_\_  
Date