

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000179879

**Entity Name:** FLORIDA STAGEHANDS & DESIGN LLC

**Current Principal Place of Business:**

5151 SW 70TH AVE  
DAVIE, FL 33314

**Current Mailing Address:**

5151 SW 70TH AVE  
DAVIE, FL 33314

**FEI Number:** 81-4011893

**Certificate of Status Desired:** No

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

MACKILLIGAN, ROBERT G  
5151 SW 70TH AVE  
DAVIE, FL 33314 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            MACKILLIGAN, ROBERT G  
Address        5151 SW 70TH AVE  
City-State-Zip: DAVIE FL 33314

*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:** MACKILLIGAN , ROBERT G

AMBR

04/25/2017

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

\_\_\_\_\_  
Date