

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000159175

**Entity Name:** SPLATS VIRTUAL REALITY EXPERIENCE, LLC

**Current Principal Place of Business:**

6704 GATOR RANCH ST.  
PLANT CITY, FL 33565

**Current Mailing Address:**

6704 GATOR RANCH ST.  
PLANT CITY, FL 33565 US

**FEI Number: 84-2225676**

**Certificate of Status Desired: No**

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

KNICK, DEBORAH L  
6704 GATOR RANCH ST.  
PLANT CITY, FL 33565 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                | Title           | AMBR                |
| Name            | KNICK, PAUL A       | Name            | KNICK, DEBORAH L    |
| Address         | 6704 GATOR RANCH ST | Address         | 6704 GATOR RANCH ST |
| City-State-Zip: | PLANT CITY FL 33565 | City-State-Zip: | PLANT CITY FL 33565 |

*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: DEBORAH L. KNICK**

**OWNER/REGISTERED  
AGENT**

**02/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date