

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000093963

**Entity Name:** ILANFETE EVENTS LLC**Current Principal Place of Business:**1771 SUGAR COVE COURT  
OCOE, FL 34761**Current Mailing Address:**1771 SUGAR COVE COURT  
OCOE, FL 34761**FEI Number:** 85-3155629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145 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            | WALTERS, IAN          |
| Address         | 1771 SUGAR COVE COURT |
| City-State-Zip: | OCOE FL 34761         |

|                 |                     |
|-----------------|---------------------|
| Title           | S                   |
| Name            | AFOON, LESLEY-ANN   |
| Address         | 1918 CORNER GLEN DR |
| City-State-Zip: | ORLANDO FL 32820    |

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | AFOON, ADRIAN       |
| Address         | 1918 CORNER GLEN DR |
| City-State-Zip: | ORLANDO FL 32820    |

|                 |                       |
|-----------------|-----------------------|
| Title           | T                     |
| Name            | WALTERS, NYREE        |
| Address         | 1771 SUGAR COVE COURT |
| City-State-Zip: | OCOE FL 34761         |

*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:** IAN WALTERS**MANAGER****03/16/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date