

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000178158

**Entity Name:** CITY NIGHTS AVE, LLC

**Current Principal Place of Business:**

615 E HARDING STREET  
ORLANDO, FL 32806

**Current Mailing Address:**

615 E HARDING STREET  
ORLANDO, FL 32806 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CHRIS DAS

04/08/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name MATEER, CRAIG  
Address 615 E. HARDING STREET  
City-State-Zip: ORLANDO FL 32806

*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:** CRAIG MATEER

MEMBERS

04/08/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date