

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000349144

**Entity Name:** POPLUXE EVENTS LLC

**Current Principal Place of Business:**

497 WINDERMERE DR.  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

497 WINDERMERE DR.  
LEHIGH ACRES, FL 33972 US

**FEI Number:** 87-1999412

**Certificate of Status Desired:** No

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

RODGERS, ARICA R  
497 WINDERMERE DR.  
LEHIGH ACRES, FL 33972 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            | RODGERS, ARICA R      | Name            | SANTANA-MESONERO, ANGELICA M |
| Address         | 497 WINDERMERE DR.    | Address         | 114 7TH AVENUE NORTH         |
| City-State-Zip: | LEHIGH ACRES FL 33972 | City-State-Zip: | SAINT PETERSBURG FL 33701    |

*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:** ARICA ROWE RODGERS

AMBR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date