

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022265

**Entity Name:** VISUAL ACOUSTICS, L.L.C.

**Current Principal Place of Business:**

591 NW 35 ST  
MIAMI, FL 33127

**Current Mailing Address:**

591 NW 35 ST  
MIAMI, FL 33127 US

**FEI Number:** 57-1173349

**Certificate of Status Desired:** No

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

LEWIN, MARC D  
591 NW 35 ST  
MIAMI, FL 33127 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 MGRM  
Name FLORIDA AUDIO WORKSHOP, INC.  
Address 2227 BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33137

*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:** MARC LEWIN

MGRM

03/09/2016

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

\_\_\_\_\_ Date