2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088066

Entity Name: KURT-VICTER L.L.C.

Current Principal Place of Business:

1583 EAST SILVER STAR RD PENTHOUSE STUDIO 197 ORLANDO, FL 34761 FILED
Apr 03, 2014
Secretary of State
CC2775123447

Current Mailing Address:

POST OFFICE DRAWER 73

HOLLYWOOD HILLS, CA 90078-0073 US

FEI Number: 38-3858747 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATKINS, CURTIS TRES 1583 EAST SILVER STAR RD PENTHOUSE STUDIO 197 ORLANDO, FL 34761 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

Authorized Person(s) Detail:

Title CMC Title EN

Name KURT-VICTER \$TARCHITECT Name EMERALD MERKABA WEAVE

HOLDING\$
POST OFFICE DRAWER 73
Address

Address POST OFFICE DRAWER 73 STUDIO 197

City-State-Zip: HOLLYWOOD HILLS CA 90078-0073 City-State-Zip: ORLANDO FL 34761

Title ENT Title ENT

Name \$OLAR POWERED DODECAHEDRON Name LILIAN THOMA\$ LICEN\$E PARTNER\$

Address 1583 EAST SILVER STAR RD PH Address POST OFFICE DRAWER 73

STUDIO 197

City-State-Zip: ORLANDO FL 34761

Title ENT

Name POCKET CANDY POCKET BILLION\$

Name FORTUNE EFFECT ENTERPRI\$E\$

FOUNDATION Address 1583 EAST SILVER STAR RD PH STUDIO 197

Address 1583 EAST SILVER STAR RD PH STUDIO 197 City-State-Zip: ORLANDO FL 34761

City-State-Zip: ORLANDO 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: CURTIS KURT-VICTER ATKINS C

CMC 04/03/2014

1583 EAST SILVER STAR RD PH

Date