## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113925

Entity Name: ARTMOVE, LLC

**Current Principal Place of Business:** 

5465 JAEGER RD. #3 NAPLES. FL 34109

P.O. BOX 110722 NAPLES. FL 34108 US

**Current Mailing Address:** 

FEI Number: 65-1263613 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLETTE, MURRAY P 5465 JAEGER RD. #3 NAPLES, FL 34109 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

FILED Feb 16, 2016

**Secretary of State** 

CC4852646297

## Authorized Person(s) Detail:

Title MGRM

Name COLLETTE, MURRAY P
Address 5465 JAEGER RD. #3
City-State-Zip: NAPLES FL 34109

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: MURRAY P COLLETTE

MANAGING DIRECTOR

02/16/2016