

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114712

Entity Name: BROKEN NECK DESIGNS LLC

Current Principal Place of Business:

10225 S.W. 135 STREET
MIAMI, FL 33176

Current Mailing Address:

10225 S.W. 135 STREET
MIAMI, FL 33176

FEI Number: 20-3910135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIG, REGINA
10225 S.W. 135 STREET
MIAMI, FL 33176 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 WILLIG, REGINA
Address 10225 S.W. 135 STREET
City-State-Zip: MIAMI FL 33176

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: REGINA WILLIG

MANAGER

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date