#### 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. 04/24/2014

SIGNATURE: ERIN COLEY

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L06000109325

## Entity Name: STANDING OVATION PERFORMING ARTS, LLC

#### **Current Principal Place of Business:**

7429 S MILITARY TRAIL. LAKE WORTH. FL 33463

#### **Current Mailing Address:**

7429 S MILITARY TRAIL LAKE WORTH. FL 33463 US

## FEI Number: 74-3193916

## Name and Address of Current Registered Agent:

COLEY, ERIN E 99 AKRON ROAD LAKE WORTH, FL 33467 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:

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	COLEY, ERIN E	Name	COLEY, HUGH EJR.
Address	99 AKRON RD	Address	99 AKRON RD
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467

Electronic Signature of Registered Agent

Certificate of Status Desired: No

CO-OWNER

Date

# FILED Apr 24, 2014 Secretary of State CC0974614210

Date