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: ERIN COLEY

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent -1 -D (-) D-(-! ...

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		

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.

Name and Address of Current Registered Agent:

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

SIGNATURE:

2016 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

03/07/2016

Date

FILED Mar 07, 2016

Secretary of State

CC1857300433

Certificate of Status Desired: No

Date

CO-OWNER