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

FEI Number: 74-3193916

Name and Address of Current Registered Agent:

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

DOCUMENT# L06000109325

7429 S MILITARY TRAIL. LAKE WORTH. FL 33463

Current Mailing Address: 7429 S MILITARY TRAIL LAKE WORTH. FL 33463 US

Current Principal Place of Business:

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	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

Certificate of Status Desired: No

FILED Apr 29, 2015 Secretary of State CC0678242201

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: STANDING OVATION PERFORMING ARTS, LLC

OWNER

Date