

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072169

**Entity Name:** ILLUSIONS-N-ART BY RHONDA KRIS, LLC

**Current Principal Place of Business:**

645 99TH AVENUE N., APT. WEST  
NAPLES, FL 34108

**Current Mailing Address:**

4845 GREEN BLVD  
NAPLES, FL 34116

**FEI Number:** 14-2005615

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM INC.  
813 DELTONA BLVD  
STE A  
DELTONA, FL 32725 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 KRIS, RHONDA F  
Address 4845 GREEN BLVD.  
City-State-Zip: NAPLES FL 34116

Title MGR  
Name BOYAN, JULIE  
Address 533 92ND AVENUE N UNIT A  
City-State-Zip: NAPLES FL 34108

Title AMBR  
Name REYES, ANGEL  
Address 19191 TANGERINE RD  
City-State-Zip: FT MYERS FL 33967

Title AMBR  
Name HANCOCK, DEBORAH  
Address 848 104TH AVENUE N  
City-State-Zip: NAPLES FL 34108

*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:** RHONDA KRIS

MGRM

03/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date