

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088524

**FILED**  
**Mar 19, 2016**  
**Secretary of State**  
**CC6508946938**

**Entity Name:** A COTTON PHOTO CREATIVE WORKS LLC

**Current Principal Place of Business:**

4905 34TH ST S #154  
ST PETERSBURG, FL 33711

**Current Mailing Address:**

4905 34TH ST S #154  
ST PETERSBURG, FL 33711 US

**FEI Number:** 27-0913481

**Certificate of Status Desired:** No

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

COTTON, AMANDA A  
C/O A COTTON PHOTO CREATIVE WORKS  
4905 34TH ST S #154  
ST PETERSBURG, FL 33711-4511 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	PRESIDENT, CEO	Title	COO
Name	COTTON, AMANDA A	Name	SCHREIBER, JEFF
Address	C/O A COTTON PHOTO CREATIVE WORKS 4905 34TH ST S #154	Address	C/O A COTTON PHOTO CREATIVE WORKS 4905 34TH ST S #154
City-State-Zip:	ST PETERSBURG FL 33711-4511	City-State-Zip:	ST PETERSBUG FL 33711-4511

*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:** JEFFREY S SCHREIBER

COO

03/19/2016

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

\_\_\_\_\_  
Date