#### 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. 03/18/2024 SIGNATURE: BUSH, SHANNON

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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000122330

Entity Name: NIELS ARNASON PHOTOGRAPHY LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD 28TH FLOOR MIAMI, FL 33131

# **Current Mailing Address:**

**PO BOX 572** HEBER, UT 84032 US

# FEI Number: 27-1567061

### Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4 ST N STE 300 ST PETERSBURG, FL 33702 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

# Authorized Person(s) Detail :

Title	D	Title	D
Name	BUSH, NIELS	Name	BUSH, SHANNON
Address	201 SOUTH BISCAYNE BLVD 28TH FLOOR	Address	201 SOUTH BISCAYNE BLVD 28TH FLOOR
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

FILED Mar 18, 2024 Secretary of State 8973819318CC

Date

Certificate of Status Desired: No

**MEMBER/OWNER** 

Date