

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000004105

**Entity Name:** STROKE OF COLOR LLC

**Current Principal Place of Business:**

10820 PEACEFUL HARBOR DRIVE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

10820 PEACEFUL HARBOR DRIVE  
JACKSONVILLE, FL 32218

**FEI Number:** 90-0589679

**Certificate of Status Desired:** No

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

ROBERTS, LARRY D  
10820 PEACEFUL HARBOR DRIVE  
JACKSONVILLE, FL 32218 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 ROBERTS, LARRY D  
Address 10820 PEACEFUL HARBOR DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title AUTHORIZED REPRESENTATIVE  
Name SUSAN ROBERTS  
Address 10820 PEACEFUL HARBOR DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

*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:** SUSAN ROBERTS

**AUTHORIZED  
REPRESENTATIVE**

**02/12/2019**

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

\_\_\_\_\_  
Date