

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054180

**Entity Name:** GENKIGOTH STUDIOS LLC

**Current Principal Place of Business:**

5250 INTERNATIONAL DR  
A4/A  
ORLANDO, FL 32819

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC9569022411**

**Current Mailing Address:**

1700 MASSACHUSETTS AVE  
SAINT CLOUD, FL 34769 US

**FEI Number:** 45-2293963

**Certificate of Status Desired:** No

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

MEDINA, MIRIAM S  
1700 MASSACHUSETTS AVE  
SAINT CLOUD, FL 34769 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 MEDINA, MIRIAM S  
Address 1700 MASSACHUSETTS AVE  
City-State-Zip: SAINT CLOUD FL 34769

Title MGRM  
Name SMITH, DWIGHT WJR.  
Address 1700 MASSACHUSETTS AVE  
City-State-Zip: SAINT CLOUD FL 34769

*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:** MIRIAM S MEDINA

**CO-OWNER**

**04/14/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date