

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000040047

**Entity Name:** ARIEL ROSE PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

4525 HENRY J AVENUE  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

10879 CORAL SHORES DRIVE  
APT. 309  
JACKSONVILLE, FL 32256 US

**FEI Number:** 45-4920125

**Certificate of Status Desired:** No

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

FISHEL, ARIEL  
10879 CORAL SHORES DRIVE  
APT. 309  
JACKSONVILLE, FL 32256 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 FISHEL, ARIEL  
Address 10879 CORAL SHORE DRIVE  
APT. 309  
City-State-Zip: JACKSONVILLE FL 32256

*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:** ARIEL ROSE FISHEL

03/17/2016

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

\_\_\_\_\_ Date