#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000065068

**Entity Name: COVIDPHOTO LLC** 

**FILED** Jan 25, 2013 **Secretary of State** CC7156393813

# **Current Principal Place of Business:**

1825 WEST AVE

MIAMI BEACH, FL 33139

### **Current Mailing Address:**

1825 WEST AVE

MIAMI BEACH, FL 33139

FEI Number: 45-5271833 Certificate of Status Desired: No

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

JAFFE, DAVID 1825 WEST AVE

MIAMI BEACH, FL 33139 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 MGR Title MGR

JAFFE, DAVID Name Name KIRSCHNER, CODY 1825 WEST AVE Address 1825 WEST AVE Address

MIAMI BEACH FL 33139 City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip:

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.