

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093033

**Entity Name:** ART LIGHT SPACE, LLC**Current Principal Place of Business:**17 NW 5TH STREET  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**17 NW 5TH STREET  
FORT LAUDERDALE, FL 33301**FEI Number:** 46-3079889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFBAUER, LUTZ  
17 NW 5TH STREET  
FORT LAUDERDALE, FL 33301 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 MCCRAW, DOUG P  
Address 4800 BAYVIEW DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MGRM  
Name HOFBAUER, LUTZ  
Address 17 NW 5TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGRM  
Name HOFBAUER, LUTZ  
Address 17 NW 5TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGRM  
Name BROWN, LEAH  
Address 17 NW 5TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGRM  
Name SYMONS, PETER A  
Address 17 NW 5TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** LUTZ HOFBAUER

MGRM

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date