## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000093033

Entity Name: ART LIGHT SPACE, LLC

**Current Principal Place of Business:** 

FORT LAUDERDALE, FL 33301

17 NW 5TH STREET

## **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 LAUDEDALE, 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

**FILED** Apr 23, 2014

**Secretary of State** 

CC5019339343

Authorized Person(s) Detail:

Title MGRM Title

MCCRAW, DOUG P Name HOFBAUER, LUTZ Name 4800 BAYVIEW DRIVE Address 17 NW 5TH STREET Address

City-State-Zip: FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33308 City-State-Zip:

Title **MGRM** Title **MGRM** 

Name BROWN, LEAH HOFBAUER, LUTZ Name

Address 17 NW 5TH STREET Address 17 NW 5TH STTREET

FORT LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip:

Title **MGRM** 

SYMONS, PETER A Name 17 NW 5TH STREET Address

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** 

Electronic Signature of Signing Authorized Person(s) Detail

04/23/2014

**MGRM** 

Date