Current Mailing Address: 521 NW 1ST AVE FORT LAUDERDALE, FL 33301 US				
FEI Number: 46-3079889			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
HOFBAUER, LUTZ 521 NW 1ST AVE 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: LUTZ HOFBAUER				04/01/2019
	Electronic Signature of Registered Agent			Date
Authorized	Electronic Signature of Registered Agent Person(s) Detail :			Date
Authorized	5 5 5	Title	MGRM	Date
	Person(s) Detail :	Title Name	MGRM HOFBAUER, LUTZ	Date
Title	Person(s) Detail : MGRM			Date
Title Name	Person(s) Detail : MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE	Name	HOFBAUER, LUTZ 521 NW 1ST AVE	Date
Title Name Address City-State-Zip: Title	Person(s) Detail : MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE FORT LAUDERDALE FL 33308 MGRM	Name Address City-State-Zip: Title	HOFBAUER, LUTZ 521 NW 1ST AVE FORT LAUDERDALE FL 33301 MGRM	Date
Title Name Address City-State-Zip:	Person(s) Detail : MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE FORT LAUDERDALE FL 33308 MGRM BROWN, LEAH	Name Address City-State-Zip: Title Name	HOFBAUER, LUTZ 521 NW 1ST AVE FORT LAUDERDALE FL 33301 MGRM SYMONS, PETER A	Date
Title Name Address City-State-Zip: Title	Person(s) Detail : MGRM MCCRAW, DOUG 4800 BAYVIEW DRIVE FORT LAUDERDALE FL 33308 MGRM	Name Address City-State-Zip: Title Name Address	HOFBAUER, LUTZ 521 NW 1ST AVE FORT LAUDERDALE FL 33301 MGRM	Date

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000093033

Entity Name: ART LIGHT SPACE, LLC

## **Current Principal Place of Business:**

521 NW 1ST AVE 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

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Apr 01, 2019 Secretary of State 0084965432CC