

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000135101

**Entity Name:** SCULPTED BOX, LLC

**Current Principal Place of Business:**

108 SW 5TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

108 SW 5TH AVENUE  
GAINESVILLE, FL 32601

**FEI Number:** 46-5421795

**Certificate of Status Desired:** No

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

CHAYES, DAVID  
108 SW 5TH AVENUE  
GAINESVILLE, FL 32601 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 CHAYES, DAVID  
Address 108 SW 5TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

*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:** DAVID CHAYES

04/14/2016

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

\_\_\_\_\_ Date