

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130435

**Entity Name:** STONEFLY PRESS LLC**Current Principal Place of Business:**640 CLEMATIS ST. #588  
WEST PALM BEACH, FL 33402**Current Mailing Address:**640 CLEMATIS ST. #588  
WEST PALM BEACH, FL 33402**FEI Number:** 45-2840401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLOUSE, ROBERT  
640 CLEMATIS STREET  
#588  
WEST PALM BEACH, FL 33402 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	AMBR
Name	GRAY, DAVID
Address	986 TALBERT AVE
City-State-Zip:	SIMI VALLEY CA 93065
Title	AMBR
Name	CLOUSE, ROBERT
Address	1644 MONTMORENCY DRIVE
City-State-Zip:	VIENNA VA 22182
Title	AMBR
Name	GUNN, TERRY
Address	HC 17, BOX 30
City-State-Zip:	MARBLE CANYON AZ 86036

Title	AMBR
Name	KELLEY, PATRICK
Address	101 NORTH LUCERNE AVE.
City-State-Zip:	LOS ANGELES CA 90004
Title	AMBR
Name	CRAWFORD, KHELLAR
Address	524 LORRAINE BLVD.
City-State-Zip:	LOS ANGELES CA 90020

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:** ROBERT CLOUSE

AMBR

04/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date