

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000147727

**Entity Name:** ART LIFE LAB LLC

**Current Principal Place of Business:**

259 WEBSTER ST, APT 1  
EAST BOSTON, MA 02128

**Current Mailing Address:**

15391 SW SW 210 ST  
MIAMI, FL 33187 US

**FEI Number:** 45-2562853

**Certificate of Status Desired:** No

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

FALCONI, JOSE LUIS  
15391 SW 210 ST  
MIAMI, FL 33187 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:** JOSE LUIS FALCONI

01/22/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            FALCONI, JOSE PHD  
Address        15391 SW 210 ST  
City-State-Zip: MIAMI FL 33187

*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:** JOSE LUIS FALCONI

**AUTHORIZED AGENT**

01/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date