

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000016014

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC4141174178**

**Entity Name:** ACT STUDIO, LLC \*\*\*\*\* SEE NOTE \*\*\*\*\*

**Current Principal Place of Business:**

169 E FLAGLER STREET  
SUITE 1619  
MIAMI, FL 33131

**Current Mailing Address:**

169 E FLAGLER STREET  
SUITE 1619  
MIAMI, FL 33131 US

**FEI Number:** 47-3063455

**Certificate of Status Desired:** No

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

HAYES BOOKKEEPING INC  
408 W. UNIVERSITY AVE  
504  
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	PRES	Title	PRES
Name	TRELLES, ALIETTE C	Name	TRELLES, MARIA T
Address	169 E FLAGLER STREET 1619	Address	169 E FLAGLER STREET 1619
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** ALIETTE C. TRELLES

**PRES**

**04/14/2017**

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

\_\_\_\_\_  
Date