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.

MRS.

SIGNATURE: SHARON	
SIGNATURE, SHARON	

FEI Number: 47-3926430

LEVY, SHARON 715 NE 191 TERRACE MIAMI, FL 33179 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:	: SHARON LEVY			03/06/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	LEVY, SHARON	Name	WALZER, CARLOS E		
Address	715 NE 191 TERRACE	Address	715 NE 191 TERRACE		
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179		

IAMI, FL 33179 US

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000077198

Entity Name: SHARON LEVY PHOTO&DESIGN LLC

Current Principal Place of Business:

715 NE 191 TERRACE MIAMI, FL 33179

Current Mailing Address:

715 NE 191 TERRACE MIAMI, FL 33179 US

Name and Address of Current Registered Agent:

Certificate of Status Desired: No

03/06/2023 Date

FILED Mar 06, 2023 Secretary of State 7805700496CC

Electronic Signature of Signing Authorized Person(s) Detail