I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am a managing member or manager of the limited liability company or the receiver or truste		
that my name appears above, or on an attachment with all other like empowered.		•
SIGNATURE: SHARON LEVY	MANAGER	04/30/2019

I

Electronic Signature of Signing Authorized Person(s) Detail

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			04/30/2019	
	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		

# 2019 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

## FEI Number: 47-3926430

## Name and Address of Current Registered Agent:

FILED Apr 30, 2019 Secretary of State 5156318662CC

Certificate of Status Desired: No

MANAGER

Date