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: LEVY, SHARON

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

MGR WALZER, CARLOS E 715 NE 191 TERRACE

MIAMI FL 33179

Title Name

FEI Number: 47-3926430

### Name and Address of Current Registered Agent:

LEVY, SHARON 715 NE 191 TERRACE MIAMI, FL 33179 US

Title

I

Name

Address

SIGNATURE: SHARON LEVY

Authorized Person(s) Detail :

MGR

LEVY, SHARON

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.

DOCUMENT# L15000077198	Feb 07, 2024
Entity Name: SHARON LEVY PHOTO&DESIGN LLC	Secretary of State

## **Current Principal Place of Business:**

715 NE 191 TERRACE MIAMI, FL 33179

### **Current Mailing Address:**

**715 NE 191 TERRACE** MIAMI, FL 33179 US

Electronic Signature of Registered Agent

715 NE 191 TERRACE Address City-State-Zip: City-State-Zip: MIAMI FL 33179

Certificate of Status Desired: No

FILED Feb 07, 2024

6154204152CC

02/07/2024 Date

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# 02/07/2024

Date