

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000094715

Entity Name: OPEN WORKSHOP LLC

Current Principal Place of Business:

112 SOUTH 12TH STREET
APT D
TAMPA, FL 33602

Current Mailing Address:

112 SOUTH 12TH STREET
APT D
TAMPA, FL 33602 US

FEI Number: 47-4163274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORGAN W STREETMAN PA
1906 N TAMPA ST
STE 200
TAMPA, FL 33602 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 AMBR
Name GARCIA, FADI
Address 112 SOUTH 12TH STREET
 APT D
City-State-Zip: TAMPA FL 33606

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: FADI GARCIA

PRINCIPAL

04/28/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date