

**2017 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

AMBR

04/19/2017

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

\_\_\_\_\_  
Date