

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000100658

Entity Name: ROBBIN KILGORE PHOTOGRAPHY LLC

Current Principal Place of Business:

1865 CRANBERRY ISLES WAY
APOPKA, FL 32712

Current Mailing Address:

1865 CRANBERRY ISLES WAY
APOPKA, FL 32712

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLAVIN, NOONEY & PERSON
2200 S BABCOCK STREET
MELBOURNE, FL 32901 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	MGR	Title	REGISTERED AGENT
Name	KILGORE, ROBBIN	Name	FLAVIN NOONEY & PERSON CPAS
Address	1865 CRANBERRY ISLES WAY	Address	2200 S. BABCOCK STREET
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	MELBOURNE FL 32901

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: SHEILA HANSHAW

05/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date