

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000112556

Entity Name: CRACKED LENS STUDIO LLC

Current Principal Place of Business:

3212 S. LAKEVIEW CIR
UNIT 205
HUTCHINSON ISLAND, FL 34949

Current Mailing Address:

3212 S. LAKEVIEW CIR
UNIT 205
HUTCHINSON ISLAND, FL 34949 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 RIVERA, JOSEPH
Address 3212 S. LAKEVIEW CIRCLE
 UNIT 205
City-State-Zip: HUTCHINSON ISLAND FL 34949

Title AMBR
Name RIVERA, NANCY
Address 3212 S. LAKEVIEW CIRCLE
 UNIT 205
City-State-Zip: HUTCHINSON ISLAND FL 34949

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: JOSEPH RIVERA

MEMBER

05/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date