

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000112556

**Entity Name:** CRACKED LENS STUDIO LLC

**Current Principal Place of Business:**

665 ANDRIX STREET  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

665 ANDRIX STREET  
MERRITT ISLAND, FL 32953 US

**FEI Number:** 47-4453725

**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**

**04/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date