

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000112556

Entity Name: CRACKED LENS STUDIO LLC

Current Principal Place of Business:

237 TAMPA AVENUE
INDIALANTIC, FL 32903

Current Mailing Address:

237 TAMPA AVENUE
INDIALANTIC, FL 32903 US

FEI Number: 47-4453725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC
5237 SUMMERLIN COMMONS STE 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 237 TAMPA AVENUE
City-State-Zip: INDIALANTIC FL 32903

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: RIVERA , JOSEPH

AMBR

05/01/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date