## 2024 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:** 

209 RIVER WALK

HUTCHINSON ISLAND. FL 34949 US

FEI Number: 47-4453725 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REPUBLIC REGISTERED AGENT LLC 1150 NW 72ND AVE TOWER I STE 455 MIAMI, FL 33126 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: WESLEY DOLAN 07/02/2024

Electronic Signature of Registered Agent

Date

FILED Jul 02, 2024

**Secretary of State** 

6360440029CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name RIVERA, JOSEPH Name RIVERA, NANCY

Address 3212 S. LAKEVIEW CIRCLE Address 3212 S. LAKEVIEW CIRCLE

UNIT 205 UNIT 205

City-State-Zip: HUTCHINSON ISLAND FL 34949 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.