

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000120589

**Entity Name:** LAZARO ROSA VIOLAN STUDIO LLC

**Current Principal Place of Business:**

18503 PINES BLVD  
STE 310  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18503 PINES BLVD  
STE 310  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 47-4579769

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACEVEDO & ASSOCIATES LLP  
1395 BRICKELL AVE  
8TH FLOOR  
MIAMI, FL 33131 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           MANAGER  
Name           NORTH END SLU  
Address        C/ ALI BEI 7, E  
City-State-Zip: BARCELONA BARCELONA 08010

*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:** NORTH END SLU

**MANAGER**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date