## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000033196

**Entity Name: FOTON PICTURES LLC** 

**Current Principal Place of Business:** 

2525 PONCE DE LEON BLVD., SUITE 250

CORAL GABLES. FL 33134

**Current Mailing Address:** 

2525 PONCE DE LEON BLVD., SUITE 250 CORAL GABLES. FL 33134

FEI Number: 38-3992993 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Feb 21, 2017

**Secretary of State** 

CC3089746942

## Authorized Person(s) Detail:

Title **AMBR** 

Name **FOTON LLC** 

2525 PONCE DE LEON BLVD., SUITE Address

City-State-Zip: CORAL GABLES FL 33134

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: LUCIANO SILVESTRINI

Electronic Signature of Signing Authorized Person(s) Detail

**CFO** 

02/21/2017

Date