

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000047894

**Entity Name:** BEATA CHIPMAN PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

14388 CHESTNUT RIDGE CT  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

14388 CHESTNUT RIDGE CT  
JACKSONVILLE, FL 32258 US

**FEI Number: 81-1615487**

**Certificate of Status Desired: Yes**

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

CHIPMAN, JAMES  
14388 CHESTNUT RIDGE CT  
JACKSONVILLE, FL 32258 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           | MGR                   | Title           | AMBR                  |
| Name            | CHIPMAN, JAMES        | Name            | CHIPMAN, BEATA        |
| Address         | 3727 FALLON OAKS DR   | Address         | 3727 FALLON OAKS DR   |
| City-State-Zip: | JACKSONVILLE FL 32277 | City-State-Zip: | JACKSONVILLE FL 32277 |

*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: JAMES CHIPMAN**

**MANAGER**

**04/03/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date