

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000114896

**Entity Name:** SELFIE STUB LLC

**Current Principal Place of Business:**

3301 BAYSHORE BLVD  
UNIT 1709  
TAMPA, FL 33629

**Current Mailing Address:**

3301 BAYSHORE BLVD  
UNIT 1709  
TAMPA, FL 33629 US

**FEI Number:** 81-3000771

**Certificate of Status Desired:** Yes

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

VELOZ, JOVANY  
3301 BAYSHORE BLVD  
UNIT 1709  
TAMPA, FL 33629 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            MBR  
Name            VELOZ, JOVANY  
Address        3301 BAYSHORE BLVD #1709  
City-State-Zip: TAMPA FL 33629

Title            MBR  
Name            CHARLEVILL, JOHN T  
Address        PO BOX 686  
City-State-Zip: FESTUS MO 63028

Title            MBR  
Name            SCHIMPF, NICHOLAS  
Address        9121 MAUREEN LN  
City-State-Zip: ST. LOUIS MO 63123

Title            MBR  
Name            OSBORN, JOHN II  
Address        208 CARLTON POINT DR  
City-State-Zip: WENTZVILLE MO 63385

*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:** JOHN TRAVIS CHARLEVILLE

**PRESIDENT**

**04/08/2018**

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

\_\_\_\_\_  
Date