

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000114896

**Entity Name:** SELFIE STUB LLC

**Current Principal Place of Business:**

1646 W SNOW AVE  
UNIT 64  
TAMPA, FL 33606

**Current Mailing Address:**

1646 W SNOW AVE  
UNIT 64  
TAMPA, FL 33606 US

**FEI Number:** 81-3000771

**Certificate of Status Desired:** Yes

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

VELOZ, JOVANY  
1646 W SNOW AVE  
UNIT 64  
TAMPA, FL 33606 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 1646 W SNOW AVE  
UNIT 64  
City-State-Zip: TAMPA FL 33606

Title MBR  
Name CHARLEVILLE, JOHN T  
Address 3025 SIERRA VIEW CT  
City-State-Zip: IMPERIAL MO 63052

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

Title MBR  
Name OSBORN, JOHN II  
Address 557 N WOODLAWN AVE  
City-State-Zip: KIRKWOOD MO 63122

*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 CHARLEVILLE

**PRESIDENT**

**04/25/2022**

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

\_\_\_\_\_  
Date