

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000192447

**Entity Name:** COLLEGE PICTURE DAY LLC

**Current Principal Place of Business:**

13301A THOMASVILLE CIR  
TAMPA, FL 33617

**Current Mailing Address:**

13301A THOMASVILLE CIR  
TAMPA, FL 33617 US

**FEI Number: 81-4287628**

**Certificate of Status Desired: No**

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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	AMBR	Title	AMBR
Name	NICHOLAS, NORMAN	Name	NICHOLAS, FIONNA
Address	13301A THOMASVILLE CIR	Address	13301A THOMASVILLE CIR
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617

*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: FIONNA NICHOLAS**

**AMBR**

**04/19/2018**

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

\_\_\_\_\_  
Date