

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000061753

**Entity Name:** ART LIFE ENTERTAINMENT LLC

**Current Principal Place of Business:**

7069 RAPID RIVER DRIVE  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

POBOX 1033  
ZEPHYRHILLS, FL 33539 UN

**FEI Number:** 82-0600374

**Certificate of Status Desired:** Yes

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

SIMMONS, AUDREY  
7069 RAPID RIVER DRIVE  
JACKSONVILLE, FL 32219 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  
Name SIMMONS, AUDREY  
Address 7069 RAPID RIVER DRIVE  
City-State-Zip: JACKSONVILLE FL 32219

Title VP  
Name SIMMONS, MICHAEL  
Address 1107 HICKORY STREET  
City-State-Zip: HINESVILLE GA 31313

Title CHAIRMAN  
Name SIMMONS, GARY  
Address 7069 RAPID RIVER DRIVE  
City-State-Zip: JACKSONVILLE FL 32219

Title TREASURER  
Name LEVINE, LAMONT  
Address 1107 HICKORY STREET  
City-State-Zip: HINESVILLE GA 31313

Title PRESIDENT  
Name GORE, TENIYAH  
Address 7069 RAPID RIVER DRIVE  
City-State-Zip: JACKSONVILLE FL 32219

Title COO  
Name GORE, HEAVEN  
Address 1107 HICKORY STREET  
City-State-Zip: HINESVILLE GA 31313

*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:** AUDREY SIMMONS

**MANAGER**

**05/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date