	,		
The above name SIGNATUR	ed entity submits this statement for the purpose of cha E:	anging its registered office or reg	gistered a
	Electronic Signature of Registered Agent		
Authorized	Person(s) Detail :		
Title	AMBR	Title	MG
Name	WOMACK, TRACY	Name	DES

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

SAINT AUGUSTINE, FL 32084-2249 **Current Mailing Address:** 

**Current Principal Place of Business:** 

Entity Name: DAUPHIN FINE ART GLASS LLC

**180 MEADOW AVENUE** ST AUGUSTINE. FL 32084 US

DOCUMENT# L17000156424

## FEI Number: 82-2663069

## Name and Address of Current Registered Agent:

**180 MEADOW AVENUE** 

City-State-Zip: ST. AUGUSTINE FL 32084

WOMACK, TRACY **180 MEADOW AVENUE** ST AUGUSTINE, FL 32084 US

The agent, or both, in the State of Florida.

Address

180 MEADOW AVE

uthorized Person(s) Detail :				
le	AMBR	Title	MGR	
ame	WOMACK, TRACY	Name	DESHEFY, DA	

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: TRACY WOMACK

OWNER

04/30/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

WN R Address 25801 LA SERRA City-State-Zip: LAGNUNA HILLS CA 92653