

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000175165

**Entity Name:** FLYGUYPHOTOSHOP "L.L.C."

**Current Principal Place of Business:**

4920 NW 196TH TERRACE  
MIAMI GARDENS, FL 33055

**Current Mailing Address:**

4920 NW 196TH TERRACE  
MIAMI GARDENS, FL 33055 US

**FEI Number:** 32-0537056

**Certificate of Status Desired:** Yes

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

SANTIAGO, CLAUDETH M MRS  
4077 EAST SUNFLOWER CIRCLE  
LABELLE, FL 33935 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  
Name SMITH, ANTHONY  
Address 4077 EAST SUNFLOWER CIRCLE  
City-State-Zip: LABELLE FL 33935

Title AMBR  
Name SANTIAGO, CLAUDETH M  
Address 4920 NW 196TH TERRACE  
City-State-Zip: MIAMI GARDENS FL 33055

*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:** CLAUDETH M SANTIAGO

ABMR

02/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date