# SIGNATURE: ARIANA FENNELL

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	FENNELL, ARIANA S	Name	PROVAN, BOBBI
Address	5816 SW ARCHER RD., LOT 72	Address	5816 SW ARCHER RD., LOT 72
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000185445

Entity Name: ARISHAE COSPLAY, LLC

#### **Current Principal Place of Business:**

5816 SW ARCHER RD. 72 GAINESVILLE, FL 32608

#### **Current Mailing Address:**

5816 SW ARCHER RD. 72 GAINESVILLE, FL 32608 US

### FEI Number: 82-2680024

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

FENNELL, ARIANA SHAE 700 SW 62ND BLVD APT. 33 GAINESVILLE, FL 32607 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: ARIANA FENNELL 02/01/2019 Date Electronic Signature of Registered Agent

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.

02/01/2019

FILED Feb 01, 2019 Secretary of State 8857190186CC

Certificate of Status Desired: No

Date