

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000011901

**Entity Name:** COLOREFFECT PAINTING # 1 LLC

**Current Principal Place of Business:**

2589 MONTEGO BAY BLVD  
KISSIMMEE, FL 34746

**Current Mailing Address:**

2589 MONTEGO BAY BLVD  
KISSIMMEE, FL 34746 US

**FEI Number: 82-4064363**

**Certificate of Status Desired: No**

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

PONCE, RAMON A  
2589 MONTEGO BAY BLVD  
KISSIMMEE, FL 34746 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: RAMON A PONCE**

**02/23/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           PONCE, RAMON A  
Address        2589 MONTEGO BAY BLVD  
City-State-Zip: KISSIMMEE FL 34746

Title           MANAGER  
Name           PONCE, LAURA V  
Address        2589 MONTEGO BAY BLVD  
City-State-Zip: KISSIMMEE FL 34746

Title           AR  
Name           PONCE AYALA, HEIDY JULISSA  
Address        2589 MONTEGO BAY BLVD  
City-State-Zip: KISSIMMEE FL 34746

Title           AR  
Name           PONCE, ANTHONY DANIEL  
Address        2589 MONTEGO BAY BLVD  
City-State-Zip: KISSIMMEE FL 34746

*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: RAMON A PONCE**

**MGR**

**02/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date