

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000258424

**Entity Name:** FABLE 2929, LLC

**Current Principal Place of Business:**

8721 SPERRY ST  
ORLANDO, FL 32827

**Current Mailing Address:**

8721 SPERRY ST  
ORLANDO, FL 32827 US

**FEI Number:** 32-0585533

**Certificate of Status Desired:** No

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

PRIME ACCOUNTING & CONSULTANCY LLC  
7345 W SAND LAKE RD STE 226  
ORLANDO, FL 32811 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 PAI, MICHAEL  
Address 2143 MEADOW VISTA CT  
City-State-Zip: ORLANDO FL 32824

Title AMBR  
Name PAI, WANG YA NE  
Address 2143 MEADOW VISTA CT  
City-State-Zip: ORLANDO FL 32824

*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: MICHAEL PAI**

AMBR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date