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: JOVANNA ORTS DURAN

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

ORTS, JOVANNA D 10222 NW 125TH ST HIALEAH GARDENS, FL 33018 US

DOCUMENT# L19000040835

HIALEAH GARDENS. FL 33018

**Current Mailing Address:** 

FEI Number: 83-3621747

HIALEAH GARDENS. FL 33018

10222 NW 125TH ST

10222 NW 125TH ST

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

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: HANDS OF STONE ENTERTAINMENT LLC

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ORTS, JOVANNA D	Name	ORTS, IRICHELLE
Address	10222 NW 125TH ST	Address	10222 NW 125TH ST
City-State-Zip:	HIALEAH GARDENS FL 33018	City-State-Zip:	HIALEAH GARDENS FL 33018

OWNER

FILED Mar 02, 2020 Secretary of State 3048891396CC

Certificate of Status Desired: Yes

Date

03/02/2020

Date