//0//0//1				
FEI Numb	per: 84-2361835		Certificate of Status Desired: No	
Name and	d Address of Current Registered Age	nt:		
SUN CITY C	HIRE GREENS LN CENTER, FL 33573 US			
The above na	med entity submits this statement for the purpose of cha	nging its registered office or reg	gistered agent, or both, in the State of I	=lorida.
SIGNATU	RE: NICOLE FALCO			01/27/2023
	Electronic Signature of Registered Agent			Date
Authorize	ed Person(s) Detail :			
Title	AP	Title	AR	
Name	FALCO, NICOLE D	Name	FALCO, CARMEN J III	
Adroop		Address		ı

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.

OWNER

SIGNATURE: NICOLE FALCO

Electronic Signature of Signing Authorized Person(s) Detail

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

2519 SAPPHIRE GREENS LN SUN CITY CENTER, FL 33573

### **Current Mailing Address:**

305 PARC CROSSING ACWORTH. GA 30102 US

## F

#### N

Address 2519 SAPPHIRE GREENS LN Address 2519 SAPPHIRE GREENS LN City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

DOCUMENT# L19000165064

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Entity Name: NICOLE FALCO PHOTOGRAPHY LLC

# FILED Jan 27, 2023 Secretary of State 5285399162CC

01/27/2023 Date