

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000232860

**Entity Name:** ARTKILLERS LLC

**Current Principal Place of Business:**

1001 N FEDERAL HWY  
SUITE 202  
HALLANDALE, FL 33009

**Current Mailing Address:**

1001 N FEDERAL HWY  
SUITE 202  
HALLANDALE, FL 33009 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALINAS, ROBERT  
1001 91ST STREET  
APT 208  
BAY HARBOR IS, FL 33154 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            RIDELL CAMPOS, RAFAEL  
Address        1001 N FEDERAL HWY SUITE 202  
City-State-Zip: HALLANDALE FL 33009

Title            AMBR  
Name            MURILLO RAMIREZ, FELIX  
Address        1001 N FEDERAL HWY SUITE 202  
City-State-Zip: HALLANDALE FL 33009

*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:** RIDELL CAMPOS , RAFAEL

**MANAGER**

**06/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date