

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000291207

**Entity Name:** AMANDA ALBERT PHOTOGRAPHY LLC

**Current Principal Place of Business:**

1819 SCIROCCO LOOP  
FORT WALTON BEACH , FL 32547

**Current Mailing Address:**

PSC 37 BOX 62  
APO AE, OC 95459 US

**FEI Number: 86-3304491**

**Certificate of Status Desired: Yes**

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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	Title	AMBR
Name	ALBERT, AMANDA	Name	ALBERT, NICHOLAS
Address	PSC 37 BOX 62	Address	PSC 37 BOX 62
City-State-Zip:	APO AE OC 95459	City-State-Zip:	APO AE OC 95459

*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: AMANDA ALBERT**

**OWNER**

**04/18/2024**

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

\_\_\_\_\_  
Date