# 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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: DE LAURENS DE ST. MA, AMAURY

490 NW SOUTH RIVER DRIVE

## **Current Mailing Address:**

MIAMI, FL 33128 US

## FEI Number: 88-0730273

## Name and Address of Current Registered Agent:

O'CONNOR HERNANDEZ & ASSOCIATES, P.A. 999 BRICKELL AVE. STE. 740 MIAMI, FL 33131 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

### Authorized Person(s) Detail :

	Title	AMBR
ST. MA, AMAURY	Name	KALIFA, JOSEPH CLAUDE
RIVER DRIVE	Address	1000 BISCAYNE BLVD., UNIT 2201
	City-State-Zip:	MIAMI FL 33132
	ST. MA, AMAURY RIVER DRIVE	Title ST. MA, AMAURY Name RIVER DRIVE Address

DOCUMENT# L22000044877 Entity Name: DISTRICT PRODUCTION, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

MIAMI. FL 33128

490 NW SOUTH RIVER DRIVE

FILED Mar 09, 2023 Secretary of State 2987379189CC

Date

Certificate of Status Desired: No

MEMBER

03/09/2023

Date