

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000411263

Entity Name: EYENAPPLE RECORDS LLC**Current Principal Place of Business:**710 GOLDEN SUNSHINE CIR
ORLANDO, FL 32807**Current Mailing Address:**710 GOLDEN SUNSHINE CIR
ORLANDO, FL 32807**FEI Number:** 92-0428550**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAVES, JAMES A JR
710 GOLDEN SUNSHINE CIR
ORLANDO, FL 32807 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 MANAGER
Name GRAVES, JAMES A JR
Address 710 GOLDEN SUNSHINE CIR
City-State-Zip: ORLANDO FL 32807

Title AUTHORIZED MEMBER
Name ALEXANDER, RYAN
Address 1217 MONTHEATH CIR
City-State-Zip: OCOEE FL 34761

Title AUTHORIZED MEMBER
Name MIRANDA, GABRIELA
Address 108 ROYALTY CIR
City-State-Zip: SANFORD FL 32771

Title AUTHORIZED MEMBER
Name COOPER, ANTHONY
Address 9951 LAKE ELMHURST LN
City-State-Zip: OVIEDO FL 32764

Title AUTHORIZED MEMBER
Name CARDENAS, JOHN
Address 1530 SALEM DR
City-State-Zip: ORLANDO FL 32807

Title AUTHORIZED MEMBER
Name MACDONALD, ATIBA
Address 10465 EASTPARK WOODS DR
City-State-Zip: LAKE NONA FL 32832

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: JAMES GRAVES**MANAGER****04/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date