

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000155750

**Entity Name:** SNAPVISTA PHOTO EXPERIENCE LLC

**Current Principal Place of Business:**

319 WINDSOR PL  
DAVENPORT, FL 33896

**Current Mailing Address:**

319 WINDSOR PL  
DAVENPORT, FL 33896 US

**FEI Number:** 92-3879980

**Certificate of Status Desired:** No

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

ALBA, JOSEFINA  
319 WINDSOR PL  
DAVENPORT, FL 33896 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 ALBA, JOSEFINA  
Address 319 WINDSOR PL  
City-State-Zip: DAVENPORT FL 33896

Title AMBR  
Name ALBA, CESAR A  
Address 319 WINDSOR PL  
City-State-Zip: DAVENPORT FL 33896

Title AMBR  
Name REYES, ELISABEL  
Address 604 ABACO CT  
City-State-Zip: KISSIMMEE FL 34746

Title AMBR  
Name ARIAS, YAUERLIN  
Address 604 ABACO CT  
City-State-Zip: KISSIMMEE FL 34746

*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:** ELISABEL REYES

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date