

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**

07 APR 30 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000022052

1. Entity Name

lay-lo Productions, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1424 Capital Cir NW

Suite, Apt. #, etc.

3. Mailing Address

1424 Capital Cir NW

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

City & State

Tallahassee, FL

Zip

32303

Country

USA

4. FEI Number

84-1707081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Smeley Abote

Street Address (P.O. Box Number is Not Acceptable)

2477 Kumba Ct

City Tallahassee

FL

Zip Code

32304

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Smeley Abote  
Signature, typed or printed name of registered agent and title if applicable.

Managing Member

04/30/07  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member  
NAME Smeley Abote  
STREET ADDRESS 2477 Kumba Ct  
CITY-ST-ZIP Tallahassee, FL 32304

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STREET ADDRESS  
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Smeley Abote

Managing member

04/30/07

8518 321 8889