LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS						OLVISION STATE OF STATE			
\$ 188. Name a	and Mailing Address	To: FLOR		TMEN	OF STATE		9	19 APR 20	AM 11: 32
• 1	HALBERT AND ASSOC 493 YOUNG STREET MELBOURNE FL 3293	18. Principal Place of Business Address 493 YOUNG STREET MELBOURNE FL 32935							
Principal Place of Business 2a. Mailing Address						3. Date Organized o	, Qualified	3a. State of	Formation
	e as above #, etc.	ne as store			01/22/19		FL	Tomaton	
suite, Apt.	#, etc.				4. FEI Number		1	Applied For	
city & State City &			/ & State			59-3365075			Not Applicable
'ıp	Country	Zip		T Counti	<u></u>	5. Date of Last Repo	ort	6. Certificate	e of Status Desired
					·	05/01/19	98	\$8.75 Addition	nal Fee Required
7. Name and Address of Current Registered Agent MITCHELL, BRUCE A					8. Name	Name and Address of	New Regis	stered Agent/C	Office
s register	int to the provisions of Sections 608.41 ed office or registered agent, or both, in red agent, and accept the obligations RE						the membe		
0. Title	ји, у вести усла — сл Managing Members/Manag		LOVE BOOK SON AR		ss Street Address	· · · · · · · · · · · · · · · · · · ·		/, State and Zip	Code
				193 YOUNG STREET			MELBOURNE FL		
MGRM	HALBERT, DAVID	RAY	680 HY	ADE .	PARK LAN	Œ	MELBO	DURNE F	L
						7 1 1	10100 -04/3 ***	2 8 5 6 30/99(*188, 75	.3.27 1004008 ****188.1