

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053608

Entity Name: STUDIO 5 6 7 8 LLC

Current Principal Place of Business:

3364 SOUTHPORT RD.
KISSIMMEE, FL 34746

Current Mailing Address:

3364 SOUTHPORT RD.
KISSIMMEE, FL 34746 US

FEI Number: 20-1551640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZGIBBONS, MARY E
209 S. CLYDE AVE.
KISSIMMEE, FL 34741 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 MGRM
Name ASPESLET-POZAR, JULIE E
Address 2637 EAGLE MEADOW LN.
City-State-Zip: KISSIMMEE FL 34746

Title MGRM
Name POZAR, MICHAEL A
Address 2637 EAGLE MEADOW LN.
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: MICHAEL A POZAR

MANAGING MEMBER

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date