

**2017 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 POZAR

**MANAGING MEMBER**

**01/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date