## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025204

Entity Name: BARTZ STUDIOS, LLC

**Current Principal Place of Business:** 

9603 SW 19TH AVE. GAINESVILLE, FL 32607

**Current Mailing Address:** 

9603 SW 19TH AVE. GAINESVILLE, FL 32607

FEI Number: 26-2242161 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARTZ, SHARON R 9603 SW 19TH AVE GAINESVILLE, FL 32607 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

FILED Feb 27, 2015

**Secretary of State** 

CC8871792128

Authorized Person(s) Detail:

Title MGR Title VP

NameBARTZ, SHARON RNameBARTZ, JERRY AAddress9603 SW 19TH AVE.Address9603 SW 19TH AVE

City-State-Zip: GAINESVILLE FL 32607 City-State-Zip: GAINESVILLE FL 32607

Title S Title T

NameBARTZ, BRETT JNameBARTZ MARVEZ, SHERRY LAddress2079 JESAMINE COURTAddress11851 SW 35TH TERRACE

City-State-Zip: DELTONA FL 32738 City-State-Zip: MIAMI FL 33175

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: SHARON BARTZ MG

Electronic Signature of Signing Authorized Person(s) Detail

MGR 02/27/2015

Date