

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011842

**Entity Name:** VISUAL NARRATIVE DESIGN STUDIO LLC

**Current Principal Place of Business:**

17903 194 AVE NE  
WOODINVILLE, WA 98077

**Current Mailing Address:**

17903 194 AVE NE  
WOODINVILLE, WA 98077 US

**FEI Number:** 26-4280520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE FIGUEIREDO, JENIFER  
17903 194 AVE NE  
WOODINVILLE, FL 98077 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 DE FIGUEIREDO, JENIFER  
Address 17903 194 AVE NE  
City-State-Zip: WOODINVILLE WA 98077

*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:** JENIFER DE FIGUEIREDO

MGRM

04/10/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date