## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000041642

Entity Name: BAD LIONS PRODUCTIONS, LLC

### **Current Principal Place of Business:**

4431 NE 3RD TERRACE POMPANO BEACH. FL 33064

### **Current Mailing Address:**

4431 NE 3RD TERRACE POMPANO BEACH. FL 33064 US

## **FEI Number: APPLIED FOR**

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

REED, ALAINA K 4431 NE 3RD TERRACE POMPANO BEACH, FL 33064 US Certificate of Status Desired: No

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:

Authorized Person(s) Detail : MGR Title MGR

| Title           | MGR                                       | Title           | MGR                    |
|-----------------|---|-----------------|------------------------|
| Name            | FONTENELLE, RONALD B                      | Name            | REED, ALAINA K         |
| Address         | 5759 WASHINGTON ST. APT. 2-A              | Address         | 4431 NE 3RD TERRACE    |
| City-State-Zip: | HOLLYWOOD FL 33023                        | City-State-Zip: | POMPANO BEACH FL 33064 |
|                 |   |                 |                        |
|                 |   |                 |                        |
| Title           | MGR                                       |                 |                        |
| Title<br>Name   | MGR<br>BARRETT, ASTON FJR                 |                 |                        |
|                 |   |                 |                        |
| Name            | BARRETT, ASTON FJR<br>4431 NE 3RD TERRACE |                 |                        |

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: ALAINA K REED

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2018 Secretary of State CC6499058874