

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052694

**Entity Name:** LISBETH PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

4517 PARK STREET  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

4517 PARK STREET  
JACKSONVILLE, FL 32205 US

**FEI Number: 26-4794134**

**Certificate of Status Desired: No**

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

HAMMOCK, LISBETH  
4517 PARK STREET  
JACKSONVILLE, FL 32205 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            OWNER  
Name            HAMMOCK, LISBETH  
Address        4517 PARK STREET  
City-State-Zip: JACKSONVILLE FL 32205

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LISBETH HAMMOCK**

**OWNER**

**04/29/2013**

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

\_\_\_\_\_ Date