

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISBETH LYNN HAMMOCK

OWNER

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date