

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000131728

Entity Name: CINDERELLA FACTORY, LLC**Current Principal Place of Business:**905 W CLEVELAND STREET
SUITE A
TAMPA, FL 33606**Current Mailing Address:**327 5TH AVENUE
SUITE 1401
NEW YORK, NY 10006 US**FEI Number:** 27-4384525**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROE, ROBERT G PHD
248 SILVERADO DRIVE
NAPLES, FL 34119 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:** ROBERT G ROE

01/25/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	ASSISTANT VICE PRESIDENT
Name	ROE, ROBERT G PHD	Name	HOFFMAN, ERICA N
Address	248 SILVERADO DR.	Address	330 COVERED BRIDGE ROAD
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NEW HOPE PA 18938
Title	ASSISTANT VICE PRESIDENT	Title	ASSISTANT VICE PRESIDENT
Name	LOIJSON, PAULINE A	Name	JOHNSON, REGINAL L
Address	143-2 VAN WOUSTRAT	Address	3809 NORTH 54TH STREET
City-State-Zip:	AMSTERDAM NETHERLANDS 1074AJ	City-State-Zip:	TAMPA FL 33619
Title	ASSISTANT VICE PRESIDENT	Title	ASSISTANT VICE PRESIDENT
Name	PEARSON, JARIS J	Name	UMEKI, ALEXANDRA I
Address	4409 BONNIE FOREST BLVD.	Address	2865 CENTRAL AVENUE
City-State-Zip:	COLUMBIA SC 29210	City-State-Zip:	ALAMEDA CA 94501
Title	ASSISTANT VICE PRESIDENT		
Name	XUERE, MATTHEW A		
Address	133-11 84TH STREET		
City-State-Zip:	OZONE PARK NY 11417		

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: ROBERT G ROE, JR, PHD

CEO

01/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date