

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133145

**Entity Name:** NANCY POLLINGER PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

1509 ROBIN HOODS TRAIL  
LAKELAND, FL 33809

**Current Mailing Address:**

1509 ROBIN HOODS TRAIL  
LAKELAND, FL 33809 US

**FEI Number:** 35-2432476

**Certificate of Status Desired:** No

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

POLLINGER, NANCY S  
1509 ROBIN HOODS TRAIL  
LAKELAND, FL 33809 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 POLLINGER, NANCY S  
Address 1509 ROBIN HOODS TRAIL  
City-State-Zip: LAKELAND FL 33809

*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:** NANCY POLLINGER

MANAGING MEMBER

03/31/2014

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

\_\_\_\_\_ Date