

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133145

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

**Current Principal Place of Business:**

4240 US HWY 17 N.  
FORT MEADE, FL 33841

**Current Mailing Address:**

4240 US HWY 17 N  
FORT MEADE, FL 33841 US

**FEI Number:** 35-2432476

**Certificate of Status Desired:** No

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

POLLINGER, NANCY S  
4240 US HWY 17 N.  
FORT MEADE, FL 33841 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 4240 US HWY 17 N.  
City-State-Zip: FORT MEADE FL 33841

*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**

**04/21/2021**

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

\_\_\_\_\_  
Date