

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000062094

Entity Name: THE ARTIST PORTFOLIO WORKSHOP MUSEUM LLC

Current Principal Place of Business:

6347 NW 99TH AVENUE
DORAL, FL 33178

Current Mailing Address:

9737 NW 41ST STREET #537
DORAL, FL 33178

FEI Number: 45-5256660

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAGLIANO, SARA
4738 NW 109 PSGE
DORAL, FL 33178 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 GAGLIANO, SARA
Address 4738 NW 109 PSGE
City-State-Zip: DORAL FL 33178

Title MGRM
Name SOLER, ANA
Address 9957 NW 32ND STREET
City-State-Zip: DORAL FL 33178

Title MGRM
Name CANCHOLA, ELIZABETH
Address 7702 N.W. 11TH PLACE
City-State-Zip: DORAL FL 33178

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: ANA M. SOLER

MANAGING DIRECTOR

01/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date