

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000068374

**Entity Name:** HELIOGRAPHIS, LLC

**Current Principal Place of Business:**

4660 C SW PARKGATE BLVD  
PALM CITY, FL 34990

**Current Mailing Address:**

4660 C SW PARKGATE BLVD  
PALM CITY, FL 34990

**FEI Number:** 46-4333152

**Certificate of Status Desired:** No

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

ROMANIK, TERRI  
4660 C SW PARKGATE BLVD  
PALM CITY, FL 34990 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:** TERRI ROMANIK

03/07/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name SCHWARTZ, DANNEL  
Address 4660 C SW PARKGATE BLVD  
City-State-Zip: PALM CITY FL 34990

Title MANAGER, AUTHORIZED  
REPRESENTATIVE, AUTHORIZED  
MEMBER  
Name ROMANIK, TERRI  
Address 4660 C SW PARKGATE BLVD  
City-State-Zip: PALM CITY FL 34990

*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:** TERRI ROMANIK

MANAGING PARTNER

03/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date