	I CIRCLE 4990 US			
amed e	ntity submits this statement for the purpose of changi	ng its registered office or re	gistered agent, or both, in the State of Flo	orida
JRE:	TERRI ROMANIK			0
	Electronic Signature of Registered Agent			
ed Pe	erson(s) Detail :			
,		Title		

# DOCUMENT# L13000068374

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: HELIOGRAPHIS, LLC

### **Current Principal Place of Business:**

1303 SW TROON CIRCLE PALM CITY, FL 34990

### **Current Mailing Address:**

1303 SW TROON CIRCLE PALM CITY, FL 34990 US

### FEI Number: 46-4333152

### Name and Address of Current Registered Agent:

ROMANIK, T 1303 SW TR PALM CITY,

The above na la.

SIGNATURE	TERRI ROMANIK		04/09/2019				
	Electronic Signature of Registered Agent		Date				
Authorized Person(s) Detail :							
Title	AUTHORIZED REPRESENTATIVE	Title	MANAGER, AUTHORIZED				
Name	SCHWARTZ, DANNEL	REPRESENTATIVE, AUTHORIZED MEMBER	,				
Address	1303 SW TROON CIRCLE	Name	ROMANIK, TERRI				
City-State-Zip:	PALM CITY FL 34990	Address	1303 SW TROON CIRCLE				
		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

04/09/2019 MANAGING PARTNER

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Apr 09, 2019 Secretary of State 2285640033CC

Certificate of Status Desired: No