

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000116847

Entity Name: SARA LURIE ART LLC.

Current Principal Place of Business:

1023 VENTNOR AVE.
APT. B
DELRAY BEACH, FL 33444

Current Mailing Address:

1023 VENTNOR AVE.
APT. B
DELRAY BEACH, FL 33444

FEI Number: 34-1947584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPPER CONSULTING LLC
4869 JEFFERSON RD
DELRAY BEACH, FL 33445 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 MGR
Name LURIE, SARA T
Address 1023 VENTNOR AVE. APT. B
City-State-Zip: DELRAY BEACH FL 33444

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: SARA LURIE

ARTIST

04/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date