

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000176308

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC8394662942**

**Entity Name:** WONDROUS WORKS PHOTOGRAPHY AND VIDEO "L.L.C."

**Current Principal Place of Business:**

16049 N.E 8AVE  
MIAMI, AL 33162

**Current Mailing Address:**

16049 N.E 8AVE  
MIAMI, AL 33162 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CELESTIN, NERTHA  
16049 N.E 8AVE  
MIAMI, FL 33162 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	Title	MGR
Name	CELESTIN, WILKY	Name	MICHAUD, ALAIN
Address	16049 N.E 8AVE	Address	16049 N.E 8AVE
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	MIAMI FL 33162
Title	MGR	Title	MGR
Name	DORIVAL, REGINALD	Name	CELESTIN, NERTHA
Address	16049 N.E 8AVE	Address	16049 N.E 8AVE
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	MIAMI FL 33162

*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: WILKY CELESTIN**

**MANAGER**

**05/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date