## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195415

Entity Name: CURE ART STUDIO, LLC

**Current Principal Place of Business:** 

19840 W DIXIE HWY APT 3304 AVENTURA, FL 33180 Apr 18, 2017 Secretary of State CC1599425631

**FILED** 

## **Current Mailing Address:**

19840 W DIXIE HWY APT 3304 AVENTURA, FL 33180 US

FEI Number: 47-2663915 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CURE, NICOLLE C MISS 19840 W DIXIE HWY APT 3304 AVENTURA, FL 33180 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 CURE, NICOLLE
Address 19840 W DIXIE HWY

**APT 3304** 

City-State-Zip: AVENTURA FL 33180

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: NICOLLE CURE PRINCIPAL 04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date