

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195415

Entity Name: CURE ART STUDIO, LLC

Current Principal Place of Business:

433 SW 21 ROAD
MIAMI, FL 33129

Current Mailing Address:

433 SW 21 ROAD
MIAMI, FL 33129 US

FEI Number: 47-2663915

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CURE, NICOLLE C MISS
433 SW 21 ROAD
MIAMI, FL 33129 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 433 SW 21 ROAD
City-State-Zip: MIAMI FL 33129

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

MANAGER

03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date