

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000040511

**Entity Name:** NU MUSES, LLC

**Current Principal Place of Business:**

5564 HARBORSIDE DR  
TAMPA, FL 33615

**Current Mailing Address:**

5564 HARBORSIDE DR  
TAMPA, FL 33615

**FEI Number:** 47-3372038

**Certificate of Status Desired:** Yes

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

SMITH, QUINTON J  
5564 HARBORSIDE DR  
TAMPA, FL 33615 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 MGRM  
Name SMITH, QUINTON J  
Address 5564 HARBORSIDE DR  
City-State-Zip: TAMPA FL 33615

Title MBR  
Name BOULDEN, MARY E  
Address 24425 SKYVIEW RIDGE DR UNIT F-205  
City-State-Zip: MURRIETA CA 92562

Title MBR  
Name BOULDEN, PHILLIP  
Address 24425 SKYVIEW RIDGE DR UNIT F-205  
City-State-Zip: MURRIETA CA 92562

*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:** QUINTON J SMITH

MGRM

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date