

**2018 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, PHILLIP
Address	24425 SKYVIEW RIDGE DR UNIT F-205
City-State-Zip:	MURRIETA CA 92562

Title	MBR
Name	BOULDEN, MARY E
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

02/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date