

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000118945

Entity Name: JASON GALBUT STUDIO, LLC**Current Principal Place of Business:**250 NW 23RD STREET
STE 301
MIAMI, FL 33127**Current Mailing Address:**250 NW 23RD STREET
STE 301
MIAMI, FL 33127**FEI Number:** 47-4560615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALTERS, ALAN S
4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137 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 GALBUT, JASON
Address 250 NW 23RD STREET, STE 301
City-State-Zip: MIAMI FL 33127

Title MGR
Name GALBUT, ABRAHAM A
Address 4770 BISCAYNE BLVD, STE 1400
City-State-Zip: MIAMI FL 33137

Title PRESIDENT
Name GALBUT, JASON
Address 250 NW 23RD STREET
STE 301
City-State-Zip: MIAMI FL 33127

Title TREASURER
Name GALBUT, JASON
Address 250 NW 23RD STREET
STE 301
City-State-Zip: MIAMI FL 33127

Title VP
Name GALBUT, ABRAHAM A
Address 4770 BISCAYNE BLVD, 1400
City-State-Zip: MIAMI FL 33137

Title SECRETARY
Name GALBUT, ABRAHAM A
Address 4770 BISCAYNE BLVD, 1400
City-State-Zip: MIAMI FL 33137

Title AUTHORIZED REPRESENTATIVE
Name WALTERS, ALAN S
Address 4770 BISCAYNE BLVD
1400
City-State-Zip: MIAMI FL 33137

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: GALBUT , JASON

MGR

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date