#### that my name appears above, or on an attachment with all other like empowered. 02/12/2020 SIGNATURE: DIOSDADO ALFONSO

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

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: DIOSDADO ALFONSO

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR ALFONSO, DIOSDADO Name Address 3312 W AILEEN ST City-State-Zip: TAMPA FL 33607

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

02/12/2020 Date

Date

### FILED Feb 12, 2020 Secretary of State 2336309969CC

#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L1600003734

Entity Name: FACELOOK STUDIOS, LLC

#### **Current Principal Place of Business:**

3115 W COLUMBUS DR SUITE 107 TAMPA, FL 33607

## **Current Mailing Address:**

3312 W AILEEN ST TAMPA, FL 33607 US

# FEI Number: 81-1309007

Name and Address of Current Registered Agent:

ALFONSO, DIOSDADO 3312 W AILEEN ST TAMPA, FL 33607 US