

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000031037

**Entity Name:** AUBREY IRVING PHOTOGRAPHY LLC

**Current Principal Place of Business:**

1089 SUNSET STRIP  
SUNRISE, FL 33319

**Current Mailing Address:**

5970 WOODLAND POINT DR  
TAMARAC, FL 33319 US

**FEI Number: 81-1470543**

**Certificate of Status Desired: No**

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

IRVING, AUBREY  
5970 WOODLAND POINT DRIVE  
TAMARAC, FL 33319 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 IRVING, AUBREY  
Address 5970 WOODLAND POINT DRIVE  
City-State-Zip: TAMARAC FL 33319

*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: AUBREY IRVING**

**MANAGER**

**04/15/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date