

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000001926

**Entity Name:** AUDIBELLE, LLC**Current Principal Place of Business:**450 SR13N  
STE 106-201  
ST. JOHNS, FL 32259**Current Mailing Address:**450 SR13N  
STE 106-201  
ST. JOHNS, FL 32259 US**FEI Number:** 81-4868394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEARES, TERESA  
450 SR13N  
STE 106-201  
ST. JOHNS, FL 32259 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 AUTHORIZED REPRESENTATIVE  
Name MEARES, TERESA  
Address 450 SR13N  
STE 106-201  
City-State-Zip: ST. JOHNS FL 32259

Title AUTHORIZED MEMBER, MANAGER  
Name STOINOFF, LORIE  
Address 450 SR13N  
STE 106-201  
City-State-Zip: ST. JOHNS FL 32259

Title AUTHORIZED MEMBER, MANAGER  
Name STOINOFF, ANDREW  
Address 450 SR13N  
STE 106-201  
City-State-Zip: ST. JOHNS FL 32259

*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:** LORIE STOINOFF**MEMBER****04/11/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date