

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000147688

Entity Name: STUDIO FUZION LLC

Current Principal Place of Business:

656 N BEAL PKWY
SUITE N & K
FORT WALTON BEACH, FL 32548

Current Mailing Address:

157 SHORELINE DRIVE
MARY ESTHER, FL 32569

FEI Number: 82-2960720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOCTOR, MAKAYLA L
157 SHORELINE DRIVE
MARY ESTHER, FL 32569 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 DOCTOR, MAKAYLA L
Address 157 SHORELINE DRIVE
City-State-Zip: MARY ESTHER FL 32569

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: MAKAYLA L DOCTOR

MANAGER

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date