

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000195197

**Entity Name:** THE WHITE ROSE PHOTOGRAPHY COMPANY LLC

**Current Principal Place of Business:**

1617 FRANCES AVE  
FORT PIERCE , FL 34949

**Current Mailing Address:**

1617 FRANCES AVE  
FORT PIERCE, FL 34949 US

**FEI Number: 83-2395146**

**Certificate of Status Desired: No**

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

LOMBAARD, CASSANDRA - LEE  
1617 FRANCES AVE  
FORT PIERCE, FL 34949 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: CASSANDRA - LEE LOMBAARD**

**02/20/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                           |
|-----------------|---------------------|-----------------|---------------------------|
| Title           | MGR                 | Title           | MGR                       |
| Name            | DAVIDSON, CANA      | Name            | LAMBAARD, CASSANDRA - LEE |
| Address         | 1090 4TH LANE SW    | Address         | 1617 FRANCES AVE          |
| City-State-Zip: | VERO BEACH FL 32962 | City-State-Zip: | FORT PIERCE FL 34949      |

*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: CASSANDRA - LEE LAMBAARD**

**MGR**

**02/20/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date