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.

OWNER

SIGNATURE: CASSANDRA - LEE LAMBAARD

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name LAMBAARD, CASSANDRA - LEE Address 1617 FRANCES AVE City-State-Zip: FORT PIERCE FL 34949

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.

GNATURE:	CA	S	SA	ND	RA -	LEE	LON	1BAA	RD	
				<u>ci</u>		<u> </u>				

2021 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

Mar 14, 2021 Secretary of State 4793569729CC

FILED

Certificate of Status Desired: No

03/14/2021

Date

03/14/2021 Date