

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000020298

**Entity Name:** COLIN GOODMAN PHOTOGRAPHY LLC

**Current Principal Place of Business:**

42 N TWIN MAPLE RD  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

42 N TWIN MAPLE RD  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 84-4017887

**Certificate of Status Desired:** No

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

GOODMAN, COLIN R  
42 N TWIN MAPLE RD  
ST AUGUSTINE, FL 32084-8299 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            PRESIDENT  
Name            GOODMAN, COLIN  
Address        42 N TWIN MAPLE ROAD  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** GOODMAN, COLIN

**PRESIDENT**

**05/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date