

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000002251

**Entity Name:** REVENGE VISUALS LLC

**Current Principal Place of Business:**

1839 DEVRA DRIVE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1839 DEVRA DRIVE  
TALLAHASSEE, FL 32303 US

**FEI Number: 86-1366919**

**Certificate of Status Desired: Yes**

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

REID, JAIDEN  
7537 LIVE OAK DRIVE  
CORAL SPRINGS, FL 33065 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            AMBR  
Name            REID, JAIDEN A  
Address        7537 LIVE OAK DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

*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: JAIDEN REID**

**AMBR**

**04/29/2021**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date