

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000036129

**Entity Name:** SABRINA NICOLE PHOTOGRAPHY LLC

**Current Principal Place of Business:**

1510 IOWA AVE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

1510 IOWA AVE  
LYNN HAVEN, FL 32444 US

**FEI Number:** 87-4485617

**Certificate of Status Desired:** Yes

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

MEDINA, SABRINA  
1510 IOWA AVE  
LYNN HAVEN, FL 32444 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 MEDINA, SABRINA  
Address 1510 IOWA AVE  
City-State-Zip: LYNN HAVEN FL 32444

*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:** SABRINA NICOLE MEDINA

MGR

03/27/2023

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

\_\_\_\_\_ Date