

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000020918

Entity Name: THE WADE STUDIO, LLC

Current Principal Place of Business:

2201 SW COLLEGE ROAD SUITE 7
STE 7
OCALA, FL 34474

Current Mailing Address:

45 BROADWAY
SUITE 2230
NEW YORK, NY 10006 US

FEI Number: 26-4367370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPUTERIZED ACCOUNTING & TAX SPECIALIST,
2201 SW COLLEGE ROAD
7
OCALA, FL 34470 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 WADE, ANDREW R
Address 5013 NE 22ND AVE
City-State-Zip: Ocala FL 34479

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: ANDREW WADE

MEMBER

03/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date