

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000115659

**Entity Name:** SDH STUDIO LLC**Current Principal Place of Business:**18200 NE 19TH AVE STE. 100  
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**18200 NE 19TH AVE STE. 100  
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 46-0945465**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALFEN, STEPHANIE  
18200 NE 19TH AVE STE. 100  
NORTH MIAMI BEACH, FL 33162 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	MANAGING MEMBER
Name	HALFEN, STEPHANIE
Address	18200 NE 19TH AVE STE. 100
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	MANAGING MEMBER
Name	HALFEN, RICARDO
Address	18200 NE 19TH AVE STE. 100
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	MANAGER
Name	BALSERA, ROSA IRENE
Address	18200 NE 19TH AVE STE. 100
City-State-Zip:	NORTH MIAMI BEACH FL 33162

*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:** HALFEN, RICARDO

MANAGING MEMBER

02/22/2022

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