

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000031318

Entity Name: STORMLIGHT WORKSHOP LLC**Current Principal Place of Business:**7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702**Current Mailing Address:**7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 US**FEI Number:** 46-2170246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

02/08/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title AUTHORIZED MEMBER
Name HILL, DARREN
Address 4085 MOHAWK DRIVE
City-State-Zip: LARKSPUR CO 80118Title AUTHORIZED MEMBER
Name PEFFER, JESSICA
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702Title AUTHORIZED MEMBER
Name PULL, DANA
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

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: DARREN HILL

MANAGER

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date