

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000053905

Entity Name: THE RESTLESS STUDIO LLC**Current Principal Place of Business:**2577 BARRY DR S
JACKSONVILLE, FL 32208**Current Mailing Address:**2577 BARRY DR S
JACKSONVILLE, FL 32208**FEI Number:** 81-2072195**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAFTER MCKEIVER, SHONTERIE
2577 BARRY DR. S
JACKSONVILLE, FL 32208 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:** SHONTERIE SHAFTER MCKEIVER

04/27/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MCKEIVER, SHONTERIE SHAFTER
Address 2577 BARRY DR S
City-State-Zip: JACKSONVILLE FL 32208

Title AUTHORIZED MEMBER
Name MCKEIVER, CHANTIEL YASMINE
Address 2577 BARRY DR S
City-State-Zip: JACKSONVILLE FL 32208

Title AUTHORIZED REPRESENTATIVE
Name MCKEIVER, SPENCER JAMES
Address 2577 BARRY DR S
City-State-Zip: JACKSONVILLE FL 32208

Title AUTHORIZED REPRESENTATIVE
Name MCKEIVER, CHRISTOPHER
DONNARDO
Address 2577 BARRY DR S
City-State-Zip: JACKSONVILLE FL 32208

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: SHONTERIE SHAFTER MCKEIVER**OWNER**

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date