737 LENOX	i ling Address: AVE CH, FL 33139			
FEI Number: 84-4061731			Certificate of Status Desired: No	
Name and A	Address of Current Registered Age	ent:		
LAVERTY, COI 737 LENOX AV MIAMI, FL 331	Έ			
The share means				
The above name	d entity submits this statement for the purpose of ch	anging its registered office or regis	tered agent, or both, in the State of Florida.	
	d entity submits this statement for the purpose of cf E: COLLIN LAVERTY	anging its registered office or regis		1/22/2022
		anging its registered office or regis		
SIGNATURE	E: COLLIN LAVERTY	anging its registered office or regis		1/22/2022
SIGNATURE	E: COLLIN LAVERTY Electronic Signature of Registered Agent	anging its registered office or regis		1/22/2022
SIGNATURE Authorized	E: COLLIN LAVERTY Electronic Signature of Registered Agent Person(s) Detail :		1 MGR IGLESIAS RODRIGUEZ, ERIK	1/22/2022
SIGNATURE Authorized Title	E: COLLIN LAVERTY Electronic Signature of Registered Agent Person(s) Detail : MGR	Title Name	1 MGR IGLESIAS RODRIGUEZ, ERIK ALEJANDRO	1/22/2022 Date
SIGNATURE Authorized Title Name	E: COLLIN LAVERTY Electronic Signature of Registered Agent Person(s) Detail : MGR LAVERTY, COLLIN P 737 LENOX AVE	Title Name Address	1 MGR IGLESIAS RODRIGUEZ, ERIK	1/22/2022 Date

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: COLLIN LAVERTY

MR.

11/22/2022

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L2000003841

Entity Name: TERAPIA PRODUCTIONS LLC

Current Principal Place of Business:

737 LENOX AVE MIAMI BEACH, FL 33139

5023524034CR

FILED Nov 22, 2022

Secretary of State

Date

Electronic Signature of Signing Authorized Person(s) Detail