

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000312524

**Entity Name:** STORYETTE ATELIER LLC

**Current Principal Place of Business:**

636 HILLCREST STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

636 HILLCREST STREET  
ORLANDO, FL 32803

**FEI Number:** 87-1647095

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DURYEA & EDWARDS CPAS LLC  
120 E CRYSTAL LAKE AVENUE  
LAKE MARY, FL 32746 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 MGRM  
Name BYFIELD, MEGAN  
Address 192 E 75TH STREET APT #2B  
City-State-Zip: NEW YORK NY 10021

Title MGRM  
Name BYFIELD, ROBIN L  
Address 636 HILLCREST STREET  
City-State-Zip: ORLANDO FL 32803

*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:** ROBIN LYNN BYFIELD

MGRM

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date