

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000014002

**Entity Name:** STUDIO LECHIC LLC

**Current Principal Place of Business:**

650 NE 149TH STREET  
405 F  
N MIAMI, FL 33161

**Current Mailing Address:**

650 NE 149TH STREET  
405 F  
N MIAMI, FL 33161

**FEI Number:** 87-4150823

**Certificate of Status Desired:** Yes

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

EVENS, MARLENE  
650 NE 149TH STREET  
405 F  
N MIAMI, FL 33161 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 MGR  
Name EVENS, MARLENE  
Address 650 NE 149TH STREET  
City-State-Zip: N MIAMI FL 33161

*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:** MARLENE EVENS

CEO

04/28/2024

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

\_\_\_\_\_  
Date