

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000024719

**Entity Name:** STORY TELLERS STUDIO LLC

**Current Principal Place of Business:**

21 NE 22ND ST  
UNIT 515  
MIAMI, FL 33137

**Current Mailing Address:**

21 NE 22ND ST  
UNIT 515  
MIAMI, FL 33137 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LINDO, MARIA C  
21 NE 22ND ST  
UNIT 515  
MIAMI, FL 33137 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            AMBR  
Name            LINDO, MARIA CAROLINA  
Address        21 NE 22ND ST  
                  UNIT 515  
City-State-Zip: MIAMI FL 33137

*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:** LINDO, MARIA CAROLINA

AMBR

03/05/2024

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

\_\_\_\_\_  
Date