

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000111949

**Entity Name:** THESTORYLAB, LLC

**Current Principal Place of Business:**

7637 NE 1ST AVE  
APT REAR  
MIAMI, FL 33138-4327

**Current Mailing Address:**

7637 NE 1ST AVE  
APT REAR  
MIAMI, FL 33138-4327 US

**FEI Number: 88-1406210**

**Certificate of Status Desired:** Yes

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

INC AUTHORITY RA  
7637 NE 1ST AVE  
APT REAR  
MIAMI, FL 33138-4327 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 GARCIA, FABIO  
Address 7637 NE 1ST AVE  
APT REAR  
City-State-Zip: MIAMI FL 33138-4327

*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: FABIO GARCIA**

**MR**

**04/11/2023**

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

\_\_\_\_\_  
Date