

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000046806

**Entity Name:** RETROPHONICS RECORDING STUDIO, LLC**Current Principal Place of Business:**3501-B NORTH PONCE DE LEON BLVD., PMB #396  
ST. AUGUSTINE, FL 32084**Current Mailing Address:**3501-B NORTH PONCE DE LEON BLVD., PMB #396  
ST. AUGUSTINE, FL 32084 US**FEI Number:** 92-2190652**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLAZIER, GLAZIER & DIETRICH, P.A.  
8833 PERIMETER PARK BLVD STE 1002  
JACKSONVILLE, FL 32216 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	STRICKLAND, D. MATTHEW
Address	3501-B NORTH PONCE DE LEON BLVD., PMB #396
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	P
Name	STRICKLAND, D. MATTHEW
Address	3501-B NORTH PONCE DE LEON BLVD., PMB #396
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	S
Name	STRICKLAND, TARA
Address	3501-B NORTH PONCE DE LEON BLVD., PMB #396
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	VP
Name	MEDICO, JOHN
Address	3501-B NORTH PONCE DE LEON BLVD., PMB #396
City-State-Zip:	ST. AUGUSTINE FL 32084

*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:** STRICKLAND, D. MATTHEW

MGR

01/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date