

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90691 041 \*\*\*\*50.00

DOCUMENT # L02000001291

1. Entity Name

STUDIO LINE, LLC

2. Principal Place of Business

6100 MID METRO DR

Suite, Apt. #, etc.

SUITE 7

City & State

FT MYERS FL

Zip

33912

Country

USA

3. Mailing Address

6100 MID METRO DR

Suite, Apt. #, etc.

SUITE 7

City & State

FT MYERS FL

Zip

33912

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1153011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

Zip Code

32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

PETER A TSCHERNITZ

6100 MID METRO DR SUITE 7

FT MYERS FL 33912

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

STEVEN C SPAUGH

6100 MID METRO DRIVE SUITE 7

FT MYERS FL 33912

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #