

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028690

**Entity Name:** MY STORY ROOM, L.L.C.

**Current Principal Place of Business:**

1150 SWEETWATER CLUB BLVD.  
LONGWOOD, FL 32779

**Current Mailing Address:**

1150 SWEETWATER CLUB BLVD.  
LONGWOOD, FL 32779 US

**FEI Number:** 20-0854737

**Certificate of Status Desired:** No

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

LAWRENCE, PERETTE  
1150 SWEETWATER CLUB BLVD.  
LONGWOOD, FL 32779 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 LAWRENCE, PERETTE  
Address 1150 SWEETWATER CLUB BLVD.  
City-State-Zip: LONGWOOD FL 32779

Title MGR  
Name LAWRENCE, ROBERT  
Address 1150 SWEETWATER CLUB BLVD.  
City-State-Zip: LONGWOOD FL 32779

Title MEMBER  
Name LAWRENCE, JOSHUA  
Address 1150 SWEETWATER CLUB BLVD.  
City-State-Zip: LONGWOOD FL 32779

Title MEMBER  
Name LAWRENCE, SOPHIA  
Address 1150 SWEETWATER CLUB BLVD.  
City-State-Zip: LONGWOOD FL 32779

*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:** PERETTE LAWRENCE

**MANAGING MEMBER**

**02/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date