### 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: NICOLLE CURE MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195415

Entity Name: CURE ART STUDIO, LLC

# Current Principal Place of Business:

19820 W DIXIE HWY #8101 AVENTURA, FL 33180

## **Current Mailing Address:**

19820 W DIXIE HWY #8101 AVENTURA, FL 33180 US

## FEI Number: 47-2663915

## Name and Address of Current Registered Agent:

CURE, NICOLLE C 19820 W DIXIE HWY #8101 AVENTURA, FL 33180 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	NICOLLE CURE			02/24/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	AUTHORIZED MEMBER	
Name	CURE, NICOLLE	Name	MARIA SANTODOMINGO, FELIF	ΡE
Address	19820 W DIXIE HWY #8101	Address	19820 W DIXIE HWY #8101	
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180	

FILED Feb 24, 2023 Secretary of State 5752947956CC

Certificate of Status Desired: No

02/24/2023

Date