

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000163902

**Entity Name:** PSYCHO STUDIO LLC

**Current Principal Place of Business:**

3384 W 92 PL  
HIALEAH, 33018

**Current Mailing Address:**

3384 W 92 PL  
HIALEAH, 33018 UN

**FEI Number: 81-3812089**

**Certificate of Status Desired: No**

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

YORIS, ORLANDO  
3384 W 92 PL  
HIALEAH, FL 33018 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	AMBR	Title	AMBR
Name	YORIS, ORLANDO	Name	YORIS, EDUARDO
Address	3384 W 92 PL	Address	3384 W 92 PL
City-State-Zip:	HIALEAH 33018	City-State-Zip:	HIALEAH 33018

*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: ORLANDO YORIS**

**AMBR**

**02/21/2017**

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

\_\_\_\_\_  
Date