

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000156655

**Entity Name:** SOUTH OF THE RIVER STUDIO, LLC

**Current Principal Place of Business:**

19045 BOYETTE RD  
LITHIA, FL 33547

**Current Mailing Address:**

19055 BOYETTE RD  
LITHIA, FL 33547

**FEI Number: 87-3582346**

**Certificate of Status Desired: No**

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

GATES-MCCARTHY, NANCY S  
19051 BOYETTE RD  
LITHIA, FL 33547 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                     | Title           | MGR                |
| Name            | GATES-MCCARTHY, NANCY S | Name            | PEACOCK, CHARLES D |
| Address         | 19051 BOYETTE RD        | Address         | 19051 BOYETTE RD   |
| City-State-Zip: | LITHIA FL 33547         | City-State-Zip: | LITHIA FL 33547    |

*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: CHARLES D PEACOCK**

**MANAGER**

**04/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date