

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000191950

**Entity Name:** STUDIO OFFICE SOLUTIONS FL, LLC

**Current Principal Place of Business:**

549 NW 28TH STREET  
MIAMI, FL 33127

**Current Mailing Address:**

549 NW 28TH STREET  
MIAMI, FL 33127 US

**FEI Number: 87-1243296**

**Certificate of Status Desired:** No

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

FITZGERALD & ISAACSON LLP  
1701 PONCE DE LEON BLVD STE 200  
MIAMI, FL 33134 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 OFFERMAN, JONATHAN  
Address 549 NW 28TH STREET  
City-State-Zip: MIAMI FL 33127

*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: JONATHAN OFFERMAN**

**MANAGER**

**03/31/2025**

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

\_\_\_\_\_  
Date