

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000352500

**Entity Name:** MAGIC HANDS STUDIO LLC

**Current Principal Place of Business:**

50 LEANNI WAY,UNIT B1  
PALM COAST, FL 32137

**Current Mailing Address:**

50 LEANNI WAY,UNIT B1  
PALM COAST, FL 32137 US

**FEI Number:** 88-3689441

**Certificate of Status Desired:** No

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

RESTREPO, ASTRID  
21 BIRCHBARK LANE  
PALM COAST, FL 32137 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 RESTREPO, ASTRID  
Address 21 BIRCHBARK LANE  
City-State-Zip: PALM COAST FL 32137

Title AMBR  
Name ZULUAGA, OSCAR  
Address 21 BIRCHBARK LANE  
City-State-Zip: PALM COAST FL 32137

*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:** OSCAR ZULUAGA

AMBR

04/11/2025

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

\_\_\_\_\_  
Date