

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000119389

**Entity Name:** LUXEFIRM LLC

**Current Principal Place of Business:**

7901 4TH STREET N SUITE 300  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH STREET N SUITE 300  
ST PETERSBURG, FL 33702 US

**FEI Number:** 92-2983050

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET N SUITE 300  
ST PETERSBURG, FL 33702 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  
Name            THOA LLC  
Address        30 N GOULD STREET SUITE R  
City-State-Zip: SHERIDAN WY 82801

Title            MGR  
Name            JOSEPH, STEEVENSON  
Address        173 NW 118TH DR  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** STEEVENSON JOSEPH

**MGR**

**04/30/2025**

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

\_\_\_\_\_  
Date