

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000198901

**Entity Name:** C4DSTUDIO LLC

**Current Principal Place of Business:**

1150 NW 72ND AVE TOWER I STE 455 #10340  
MIAMI, FL 33126

**Current Mailing Address:**

1150 NW 72ND AVE TOWER I STE 455 #10340  
MIAMI, FL 33126 US

**FEI Number:** 61-2083404

**Certificate of Status Desired:** Yes

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

REPUBLIC REGISTERED AGENT LLC  
1150 NW 72ND AVE TOWER I  
STE 455  
MIAMI, FL 33126 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            | BORGES, WILLIAM                            | Name            | GOMEZ, ADRIANA                             |
| Address         | 1150 NW 72ND AVE TOWER I STE 455<br>#10340 | Address         | 1150 NW 72ND AVE TOWER I STE 455<br>#10340 |
| City-State-Zip: | MIAMI FL 33126                             | City-State-Zip: | MIAMI FL 33126                             |

*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:** BORGES , WILLIAM

AMBR

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date