

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000361649

**Entity Name:** STM TORRANCE LLC

**Current Principal Place of Business:**

1018 TORRANCE BLVD  
TORRANCE, CA 90502

**Current Mailing Address:**

1018 TORRANCE BLVD  
TORRANCE, CA 90502

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FIGUEIRA, JAMES  
3739 S 25 STREET  
FORT PIERCE, FL 34981 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 FIGUEIRA, JAMES  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

Title AMBR  
Name THE JAMES BRYANRUBENFIGUEIRA LIVING TRUST  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

*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:** RAFAEL FIGUEIRA

01/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date