

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000472438

**Entity Name:** SONIA'S WORKSHOP LLC

**Current Principal Place of Business:**

501 PINNACLE COVE BLVD  
APT 302  
ORLANDO, FL 32824

**Current Mailing Address:**

501 PINNACLE COVE BLVD  
APT 302  
ORLANDO, FL 32824

**FEI Number:** 93-3952645

**Certificate of Status Desired:** No

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

GERMOSEN, MARIA T  
501 PINNACLE COVE BLVD  
APT 302  
ORLANDO, FL 32824 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            CEO  
Name            GERMOSEN, SONIA M  
Address        501 PINNACLE COVE BLVD, APT 302  
City-State-Zip: ORLANDO FL 32824

Title            CEO  
Name            GERMOSEN, MARIA T  
Address        501 PINNACLE COVE BLVD, APT 302  
City-State-Zip: ORLANDO FL 32824

*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:** MARIA GERMOSEN

**CEO**

**04/21/2024**

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

\_\_\_\_\_  
Date