## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000120467

Entity Name: TSTUDIO LLC

**Current Principal Place of Business:** 

3724 DEL PRADO BLVD S 3 CAPE CORAL, FL 33914

**Current Mailing Address:** 

3009 SKYLINE BOULEVARD CAPE CORAL, FL 33914 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALVO, ANTONIO 3009 SKYLINE BOULEVARD CAPE CORAL, FL 33914 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

**FILED** Apr 29, 2025

**Secretary of State** 

5457321556CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name CALVO, ANTONIO

Address 3009 SKYLINE BOULEVARD

City-State-Zip: CAPE CORAL FL 33914

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: ANTONIO CALVO **AMBR**