

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000284958

**Entity Name:** LAVENDER VU STUDIO LLC

**Current Principal Place of Business:**

16649 MOSAIC OAR DRIVE  
WIMAUMA, FL 33598

**Current Mailing Address:**

16649 MOSAIC OAR DRIVE  
WIMAUMA, FL 33598 UN

**FEI Number:** 99-3722382

**Certificate of Status Desired:** No

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

VU, KIMXUAN T  
16649 MOSAIC OAR DRIVE  
WIMAUMA, FL 33598 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:** KIMXUAN T VU

02/12/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VU, KIMXUAN T  
Address 16649 MOSAIC OAR DRIVE  
City-State-Zip: WIMAUMA 33598

*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:** KIMXUAN T VU

**PRESIDENT**

02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date