

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000193614

**Entity Name:** PKOENIG STUDIO LLC

**Current Principal Place of Business:**

109 PASSION FLOWER LANE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

109 PASSION FLOWER LANE  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 88-2265260

**Certificate of Status Desired:** No

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

KOENIG, PETER M  
109 PASSION FLOWER LANE  
CRAWFORDVILLE, FL 32327 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  
Name            KOENIG, PETER M  
Address        109 PASSION FLOWER LANE  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** PETER MUIR KOENIG

AMBR

02/23/2023

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

\_\_\_\_\_ Date