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.

MGRM

SIGNATURE: MARTHA KIRKPATRICK

Electronic Signature of Signing Authorized Person(s) Detail

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:

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	HOLLIDAY, JEANNIE	Name	PEREZ, JODI
Address	2329 TOWERY TRAIL	Address	15125 LAUREL COVE CIRCLE
City-State-Zip:	LUTZ FL 33549	City-State-Zip:	ODESSA FL 33556
Title	MGRM		
Title Name	MGRM KIRKPATRICK, MARTHA		

## FEI Number: 30-0767036 Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HOLLIDAY, JEANNIE 20635 AMBERFIELD DRIVE, SUITE 102 LAND O'LAKES, FL 34638 US

DOCUMENT# L13000023568

LAND O'LAKES. FL 34638

**Current Mailing Address:** 

LAND O'LAKES. FL 34638

**Current Principal Place of Business:** 20635 AMBERFIELD DRIVE, SUITE 102

20635 AMBERFIELD DRIVE, SUITE 102

Entity Name: CHARITY CHICS NORTH TAMPA/PASCO LLC

## FILED Apr 05, 2024 Secretary of State 1060778778CC

Certificate of Status Desired: No

04/05/2024

Date

Date