FEI Numbe	r: 47-2016097		Certificate of Status Desired: No	
Name and	Address of Current Registered Age	ent:		
HOLZWARTH 3104 AVOCET SAFETY HARI				
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.				
SIGNATUR	E: ANN-MARIE HOLZWARTH	ANN-MARIE HOLZWARTH		
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGR	Title	MGR	
Name	HOLZWARTH, ANN-MARIE	Name	HOLZWARTH, CHRISTOPHER L	
Address	3104 AVOCET PLACE	Address	3104 AVOCET PLACE	

City-State-Zip: SAFETY HARBOR FL 34695

**Current Principal Place of Business:** 33295 US 19 SUITE 110 PALM HARBOR, FL 34684

## **Current Mailing Address:**

DOCUMENT# L14000155899

3104 AVOCET PLACE SAFETY HARBOR, FL 34695

## FE

## Na

Entity Name: ANN-MARIE'S NEW YORK STYLE LLC

City-State-Zip: SAFETY HARBOR FL 34695

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: ANN-MARIE HOLZWARTH

Electronic Signature of Signing Authorized Person(s) Detail

02/10/2020

## FILED Feb 10, 2020 **Secretary of State** 8954953287CC

Date