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: BRITTA FOSTER

I

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent:

FOSTER, BRITTA 3155 NE 49TH ST OCALA, FL 34479 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: BRITTA FOSTER

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR
Name	FOSTER, BRITTA
Address	3155 NE 49TH ST
City-State-Zip:	OCALA FL 34479

06/21/2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000091341

#### Entity Name: 2 WANDERING SISTERS TRAVELING BOUTIQUE LLC

### **Current Principal Place of Business:**

3155 NE 49TH ST OCALA, FL 34479

#### **Current Mailing Address:**

3155 NE 49TH ST OCALA. FL 34479 US

## FEI Number: 47-4090634

06/21/2020

Certificate of Status Desired: No

Date

Date

FILED Jun 21, 2020 Secretary of State 2321672908CC

MGR