

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000035758

**Entity Name:** SINS CLOSET, LLC

**Current Principal Place of Business:**

3052 DASHA PALM DRIVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

PO BOX 181752  
CASSELBERRY, FL 32718-0129 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PINEDA, AMANDA  
1910 SHOSHONEE TRL  
CASSELBERRY, FL 32707 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 MGR  
Name CARRILLO, CHRISTIAN  
Address 1400 LAKE SHORE DRIVE  
City-State-Zip: CASSELBERRY FL 32707

Title AMBR  
Name PINEDA, AMANDA  
Address 1910 SHOSHONEE TRL  
City-State-Zip: CASSELBERRY FL 32707

Title AP  
Name SIERRA, KARINA  
Address 3052 DASHA PALM DRIVE  
City-State-Zip: KISSIMMEE FL 34744

*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:** KARINA SIERRA

AP

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date