

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000062006

Entity Name: UNIFORMS OF KISSIMMEE, LLC**Current Principal Place of Business:**3159 WEST VINE ST
KISSIMMEE, FL 34741**Current Mailing Address:**7190 SW 87TH AVE
STE 207
MIAMI, FL 33173**FEI Number:** 30-0935088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORERA, EDLEEN
7190 SW 87TH AVE
STE 207
MIAMI, FL 33173 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	MORERA, EDLEEN
Address	7190 SW 87TH AVE STE 207
City-State-Zip:	MIAMI FL 33173

Title	MGR
Name	BALTODANO, ELIZABETH
Address	7190 SW 87TH AVE STE 207
City-State-Zip:	MIAMI FL 33173

Title	MGR
Name	DE PAZ, EVELYN
Address	7190 SW 87TH AVE STE 207
City-State-Zip:	MIAMI FL 33173

Title	MGR
Name	DE PAZ, MOISES
Address	7190 SW 87TH AVE STE 207
City-State-Zip:	MIAMI FL 33173

Title	MGR
Name	DE PAZ, NELLY
Address	7190 SW 87TH AVE STE 207
City-State-Zip:	MIAMI FL 33173

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: EDLEEN MORERA

MGR

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date