

**2022 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

04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date