that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CESAR CASTILLO MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

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

Certificate of Status Desired: No

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	
--	--

Authorized Person(s) Detail ·

Authorized Person(s) Detail :					
	Title	AMBR	Title	MANAGER	
	Name	HBS MANAGEMENT INC.	Name	CESAR, CASTILLO	
	Address	115 E VAN FLEET DR #304	Address	115 E VAN FLEET DR #304 #304	
	City-State-Zip:	BARTOW FL 33830	City-State-Zip:	BARTOW FL 33830	

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000070134

Entity Name: FLEX SAFETY SUPPLIES LLC

Current Principal Place of Business:

115 E VAN FLEET DR #304 BARTOW, FL 33830

Current Mailing Address:

115 E VAN FLEET DR #304 BARTOW, FL 33830 US

FEI Number: 82-1026414

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 US

03/21/2022 Date

Date