

**2023 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

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**8269399038CC**

**Current Mailing Address:**

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

**FEI Number:** 82-1026414

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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	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

*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:** CESAR CASTILLO

**MANAGER**

**04/18/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date