

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000224693

**Entity Name:** A+KUTZ, LLC

**Current Principal Place of Business:**

620 NW 19TH AVE  
OCALA, FL, AL 34475

**Current Mailing Address:**

620 NW 19TH AVE  
OCALA, FL, AL 34475 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MCFATTEN, ARELLIS  
620 NW 19TH AVE  
OCALA, FL 34475 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            OWNER  
Name            MCFATTEN, ARELLIS  
Address        620 NW 19TH AVE  
City-State-Zip: Ocala, FL AL 34475

*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:** ARELLIS MCFATTEN

**OWNER**

**02/01/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date