2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000242872

Entity Name: AKA CUSTOM DESIGNS LLC

Current Principal Place of Business:

4530 SOUTH ORANGE BLOSSOM TRAIL, #572 ORLANDO, FL 32839

Current Mailing Address:

P.O BOX 551379 ORLANDO, FL 32855 US

FEI Number: 83-2304538

Name and Address of Current Registered Agent:

MORAME, KATRINA 4700 SPOTTSWOOD DR ORLANDO, FL 32812 US 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 :

| Title | AMBR | Title | AMBR |
|-----------------|------------------------|-----------------|------------------------|
| Name | EVINS, ASHLEY | Name | EVINS, ANDREW |
| Address | 1617 WEST GRANT STREET | Address | 1617 WEST GRANT STREET |
| City-State-Zip: | ORLANDO FL 32855 | City-State-Zip: | ORLANDO FL 32805 |
| Title | AMBR | | |
| The | AWDR | | |
| Name | MORAME, KATRINA | | |
| Address | 1617 WEST GRANT STREET | | |
| Citv-State-Zip: | ORLANDO FL 32805 | | |

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: ASHLEY N EVINS |
|---------------------------|
|---------------------------|

03/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 01, 2019 Secretary of State 4121142115CC

Date

CEO