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.

MANAGER

SIGNATURE: KALISTA C BELL

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent

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.

Authorized Person(s) Detail :

Title	MGR	Title	AR
Name	BELL, KALISTA C	Name	BELL, TRUDIE D
Address	9520 STAR VIEW LANE	Address	9520 STAR VIEW LANE
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309
Title	AR		
	743		
Name	BELL, WILLIAM M III		
Name Address			
	BELL, WILLIAM M III		

FEI Number: 83-2789757

Name and Address of Current Registered Agent:

BELL, KALISTA C 9520 STAR VIEW LANE TALLAHASSEE, FL 32309 US

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000246711

Entity Name: BELL OF THE BORDERS CREATIONS LLC

Current Principal Place of Business:

9520 STAR VIEW LANE TALLAHASSEE, FL 32309

Current Mailing Address:

9520 STAR VIEW LANE TALLAHASSEE, FL 32309

FILED Apr 25, 2019 Secretary of State 5515171602CC

Date

Certificate of Status Desired: No

04/25/2019

Date