

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000000085

**Entity Name:** STORI SOCKS LLC

**Current Principal Place of Business:**

2200 APPALOOSA TRAIL  
WELLINGTON, FL 33414

**Current Mailing Address:**

2200 APPALOOSA TRAIL  
WELLINGTON, FL 33414

**FEI Number:** 83-3382765

**Certificate of Status Desired:** No

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

CALEBRESE, JOHN  
2200 APPALOOSA TRAIL  
WELLINGTON, FL 33414 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  
Name            CALEBRESE, JOHN  
Address        2200 APPALOOSA TRAIL  
City-State-Zip: WELLINGTON FL 33414

*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:** JOHN CALEBRESE

AMBR

02/01/2019

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

\_\_\_\_\_ Date