

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000172747

**Entity Name:** THE PRIDE LASH CO. LLC

**Current Principal Place of Business:**

2102 W. BUSCH AVE  
TAMPA, FL 33612

**Current Mailing Address:**

10914 HOLLY CONE DR  
RIVERVIEW, FL 33569 UN

**FEI Number:** 85-0491065

**Certificate of Status Desired:** Yes

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

BATES, KIRA  
10914 HOLLY CONE DR  
RIVERVIEW, FL 33569 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           | AR                  | Title           | AR                  |
| Name            | BATES, CALEB        | Name            | BATES, KIRA         |
| Address         | 10914 HOLLY CONE DR | Address         | 10914 HOLLY CONE DR |
| City-State-Zip: | RIVERVIEW FL 33569  | City-State-Zip: | RIVERVIEW FL 33569  |

*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:** KIRA BATES

**OWNER**

**03/23/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date