

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000191095

**Entity Name:** STYLES WHOLESALÉ LLC

**Current Principal Place of Business:**

6663 BOCA PINES TRL  
APT B  
BOCA RATON, FL 33433

**Current Mailing Address:**

6663 BOCA PINES TRL  
APT B  
BOCA RATON, FL 33433 US

**FEI Number:** 84-2792394

**Certificate of Status Desired:** No

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

ZAPEKA, OLEKSANDR  
6663 BOCA PINES TRL  
APT B  
BOCA RATON, FL 33433 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            ZAPEKA, OLEKSANDR  
Address        6663 BOCA PINES TRL  
                  APT B  
City-State-Zip: BOCA RATON FL 33433

*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:** OLEKSANDR ZAPEKA

AMBR

01/21/2020

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

\_\_\_\_\_  
Date