

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000105337

**Entity Name:** DROPPED N HITCHED LLC

**Current Principal Place of Business:**

6515 SOUTH TROPICANA AVENUE  
6515 SOUTH TROPICANA AVENUE, LECANTO, FL, USA  
LECANTO, FL 34461

**Current Mailing Address:**

6515 SOUTH TROPICANA AVENUE  
6515 SOUTH TROPICANA AVENUE, LECANTO, FL, USA  
LECANTO, FL 34461 US

**FEI Number:** 85-0773023

**Certificate of Status Desired:** Yes

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

DI MURO, SAUL  
6515 SOUTH TROPICANA AVENUE  
6515 SOUTH TROPICANA AVENUE, LECANTO, FL, USA  
LECANTO, FL 34461 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 DI MURO, SAUL  
Address 6515 SOUTH TROPICANA AVENUE  
6515 SOUTH TROPICANA AVENUE,  
LECANTO, FL, USA  
City-State-Zip: LECANTO FL 34461

*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:** SAUL DI MURO

AMBR

02/17/2022

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

\_\_\_\_\_  
Date