38439 5TH AV ZEPHYRHILLS				
Current Ma	iling Address:			
5271 FEZ C BROOKSVI	T LLE, FL 34602 US			
FEI Number: 85-1201235 Certificate of Status			Certificate of Status De	sired: No
Name and Address of Current Registered Agent:				
38439 5TH AV	LLE, GRACE M E 5, FL 33542 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.				
The above name	d entity submits this statement for the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of F	Florida.
	d entity submits this statement for the purpose of changing its n E: GRACE AVILA DEL VALLE	egistered office or regis	stered agent, or both, in the State of F	Florida. 03/21/2024
		egistered office or regis	tered agent, or both, in the State of F	
SIGNATUR	E: GRACE AVILA DEL VALLE	egistered office or regis	tered agent, or both, in the State of F	03/21/2024
SIGNATUR	E: GRACE AVILA DEL VALLE Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, in the State of F	03/21/2024
SIGNATUR Authorized	E: GRACE AVILA DEL VALLE Electronic Signature of Registered Agent Person(s) Detail :			03/21/2024
SIGNATUR Authorized	E: GRACE AVILA DEL VALLE Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MANAGER	03/21/2024
SIGNATUR Authorized Title Name	E: GRACE AVILA DEL VALLE Electronic Signature of Registered Agent Person(s) Detail : MGR AVILA DEL VALLE, GRACE M 5271 FEZ CT	Title Name	MANAGER ROBERTS, WILLIAM J 5271 FEZ CT	03/21/2024
SIGNATUR Authorized Title Name Address	E: GRACE AVILA DEL VALLE Electronic Signature of Registered Agent Person(s) Detail : MGR AVILA DEL VALLE, GRACE M 5271 FEZ CT	Title Name Address	MANAGER ROBERTS, WILLIAM J 5271 FEZ CT	03/21/2024

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: GRACE AVILA DEL VALLE

MGN

03/21/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000132183

Entity Name: EPIC THREADZ & ATTIRE LLC

Current Principal Place of Business:

FILED Mar 21, 2024 **Secretary of State** 3887737043CC

Electronic Signature of Signing Authorized Person(s) Detail