

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000289458

**Entity Name:** MISTEES PLEASURE CHEST

**Current Principal Place of Business:**

1430 AVON LN  
APT.27  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

1430 AVON LN  
APT.27  
NORTH LAUDERDALE, FL 33068 US

**FEI Number:** 85-3009725

**Certificate of Status Desired:** No

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

BURGESS, AMANDA  
1430 AVON LN  
APT.27  
NORTH LAUDERDALE, FL 33068 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 MGR  
Name BURGESS, AMANDA  
Address 1430 AVON LN  
APT.27  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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:** AMANDA BURGESS

MGR

04/07/2022

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

\_\_\_\_\_  
Date