

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000131933

**Entity Name:** BLIND STITCH LLC

**Current Principal Place of Business:**

1263 ARROWHEAD POINT RD  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

1263 ARROWHEAD POINT RD  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 86-2977578

**Certificate of Status Desired:** No

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

BELGROD, BRIAN  
1263 ARROWHEAD POINT RD  
LOXAHATCHEE, FL 33470 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 BELGROD, BRIAN  
Address 1263 ARROWHEAD POINT RD  
City-State-Zip: LOXAHATCHEE FL 33470

Title AMBR  
Name BELGROD, BRYANNA  
Address 1263 ARROWHEAD POINT RD  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** BRYANNA BELGROD

**OFFICER**

**02/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date