

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000216070

**Entity Name:** MY TWISTED MYSTIC, LLC

**Current Principal Place of Business:**

1089 SHAFFER TRAIL  
OVIEDO, FL 32765

**Current Mailing Address:**

1089 SHAFFER TRAIL  
OVIEDO, FL 32765 US

**FEI Number: 86-3932241**

**Certificate of Status Desired: No**

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

CARLEEN, CATHERINE  
1089 SHAFFER TRAIL  
OVIEDO, FL 32765 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: CATHERINE CARLEEN**

**04/29/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CARLEEN, CATHERINE  
Address 1089 SHAFFER TRAIL  
City-State-Zip: OVIEDO FL 32765

*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: CATHERINE CARLEEN**

**MGR**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date