#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: ASHLEY FRANK OWNER

**Current Principal Place of Business:** 2295 W MAIN ST 13

Entity Name: RUSTIC PERFECTION LLC

LEESBURG, FL 34748

### **Current Mailing Address:**

DOCUMENT# L22000149195

2295 W MAIN ST 13 LEESBURG, FL 34748 US

#### FEI Number: 88-1522865

## Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FRANK, ASHLEY M 2295 W MAIN ST 13 LEESBURG, FL 34748 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

Authorized	Person(s)	Detail :
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Authorized Terson(s) Detail .			
Title	MGR	Title	MGR
Name	FRANK, ASHLEY	Name	MAZZA, DOMINICK
Address	2995 W MAIN ST APARTMENT 13	Address	2995 W MAIN ST APT 13
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748

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 04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date