

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000015922

**Entity Name:** STRESS RELIEF TOOLKIT LLC

**Current Principal Place of Business:**

2911 RIPPLEWOOD DR.  
SEFFNER, FL 33584

**Current Mailing Address:**

2911 RIPPLEWOOD DR.  
SEFFNER, FL 33584 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SETOVICH, MARK A JR.  
2911 RIPPLEWOOD DR  
SEFFNER, FL 33584 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                | Title           | AR                   |
| Name            | SETOVICH, LAUREN L | Name            | SETOVICH, MARK A JR. |
| Address         | 2911 RIPPLEWOOD DR | Address         | 2911 RIPPLEWOOD DR   |
| City-State-Zip: | SEFFNER FL 33584   | City-State-Zip: | SEFFNER FL 33584     |

*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:** MARK SETOVICH JR.

AR

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date