

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000085967

**Entity Name:** KAREN EMBRY DESIGNS, LLC

**Current Principal Place of Business:**

4504 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614-1471

**Current Mailing Address:**

4504 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614-1471

**FEI Number:** 04-3801782

**Certificate of Status Desired:** No

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

EMBRY, KAREN  
4504 HIDDEN SHADOW DRIVE  
TAMPA, FL 33614-1471 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 MGRM  
Name EMBRY, KAREN  
Address 4504 HIDDEN SHADOW DRIVE  
City-State-Zip: TAMPA FL 33614-1471

*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:** KAREN EMBRY

**OWNER**

**04/06/2025**

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

\_\_\_\_\_  
Date