

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022860

**Entity Name:** STIGMA TATTOO BAR LLC

**Current Principal Place of Business:**

17 SOUTH ORANGE AVE.  
ORLANDO, FL 32301

**Current Mailing Address:**

19622 FLORENTINE CIRCLE  
CLERMONT, FL 34715 US

**FEI Number:** 27-4731799

**Certificate of Status Desired:** No

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

WELLS, KELLY  
19622 FLORENTINE CIRCLE  
CLERMONT, FL 34715 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 WELLS, KELLY  
Address 19622 FLORENTINE CIRCLE  
City-State-Zip: CLERMONT FL 34715

Title MGRM  
Name WELLS, DANIEL  
Address 19622 FLORENTINE CIRCLE  
City-State-Zip: CLERMONT FL 34715

*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:** DANIEL WELLS

**MANAGER**

**04/30/2025**

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

\_\_\_\_\_  
Date