

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000006637

Entity Name: TEARS OF JOY SEAMSTRESS SERVICES L.L.C.

Current Principal Place of Business:

217 WILSHIRE DR
CASSELBERRY, FL 32707

Current Mailing Address:

217 WILSHIRE DR
CASSELBERRY, FL 32707 US

FEI Number: 45-4348786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, HOLLY
217 WILSHIRE DR
CASSELBERRY, FL 32707 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
Name SMITH, HOLLY
Address 217 WILSHIRE DR
City-State-Zip: CASSELBERRY FL 32707

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: HOLLY SMITH

MGR

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date