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.

PRESIDENT

SIGNATURE: ASHLIE BUTLER

Electronic Signature of Signing Authorized Person(s) Detail

	Electronic Signature of Registered Ag						
Authorized Person(s) Detail :							
Title	PRESIDENT	Title	AUTHORIZED REPRESENTATIV				
Manaa		Nama					

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.

Authorized	Person(s	s) Detail	:

SIGNATURE: BELINDA KRAUSS

Authorized Terson(s) Detail .						
Title	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE			
Name	BUTLER, ASHLIE N	Name	CROCKER, BARBARA			
Address	10815 U.S. HIGHWAY 19 NORTH	Address	10815 U.S. HIGHWAY 19 NORTH			
City-State-Zip:	CLEARWATER FL 33764	City-State-Zip:	CLEARWATER FL 33764			

KRAUSS, BELINDA 10815 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 US

Current Principal Place of Business:

10815 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764

DOCUMENT# L12000141634

10815 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 33764 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Current Mailing Address:

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BOB'S CARPET MART OF BRANDON, LLC

FILED Jan 27, 2023 Secretary of State 6490448936CC

01/27/2023 Date

Certificate of Status Desired: No

01/27/2023

Date