

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000151416

Entity Name: WONDER WRIST WRAPS LLC

Current Principal Place of Business:

3569 OAK STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

3569 OAK STREET
JACKSONVILLE, FL 32205 US

FEI Number: 46-3986634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEAD, ALLISON BETH
3569 OAK STREET
JACKSONVILLE, FL 32205 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: ALLISON BETH MEAD

04/23/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MEAD, ALLISON BETH
Address 3569 OAK STREET
City-State-Zip: JACKSONVILLE FL 32205

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: ALLISON BETH MEAD

MANAGER

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date