

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000131853

**Entity Name:** MIPPINTOODY HANDMADE, LLC

**Current Principal Place of Business:**

591 HICKORY LANE  
HAVANA, FL 32333

**Current Mailing Address:**

591 HICKORY LANE  
HAVANA, FL 32333

**FEI Number:** 47-1475013

**Certificate of Status Desired:** No

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

TIPPIN-MOODY, MARY ELIZABETH  
591 HICKORY LANE  
HAVANA, FL 32333 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            AMBR  
Name            TIPPIN-MOODY, MARY E  
Address        591 HICKORY LANE  
City-State-Zip: HAVANA FL 32333

Title            AMBR  
Name            MOODY, HENRY E III  
Address        591 HICKORY LANE  
City-State-Zip: HAVANA FL 32333

Title            AMBR  
Name            MOODY BELL, AMY  
Address        3241 MAJESTIC PRINCE TRAIL`  
City-State-Zip: TALLAHASSEE FL 32309

Title            AMBR  
Name            MOODY, CATHERINE ANNE  
Address        591 HICKORY LANE  
City-State-Zip: HAVANA FL 32333

*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:** MARY ELIZABETH TIPPIN-MOODY

**REGISTERED AGENT**

**04/11/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date