

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000175288

**Entity Name:** STITCHARTISTRY, LLC

**Current Principal Place of Business:**

3030 N ROCKY POINT DR STE 150A  
TAMPA, FL 23607

**Current Mailing Address:**

12972 QUINCY BAY DRIVE  
JACKSONVILLE, FL 32224

**FEI Number:** 47-2326629

**Certificate of Status Desired:** Yes

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

NORTHWEST REGISTERED AGENT, LLC  
3030 N ROCKY POINT DR  
STE 150A  
TAMPA, FL 33607 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 JOHNSON, ANNE  
Address 12972 QUINCY BAY DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

Title MGR  
Name JOHNSON, JOSEPH  
Address 12972 QUINCY BAY DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

Title AMBR  
Name JOHNSON, JOSPEH  
Address 12972 QUINCY BAY DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

Title AMBR  
Name JOHNSON, ANNE  
Address 12972 QUINCY BAY DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

*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:** JOSEPH JOHNSON

MGR

04/10/2016

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

\_\_\_\_\_  
Date