

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000115794

Entity Name: PINK TEARS, LLC

Current Principal Place of Business:

3850 FALLING LEAF LANE
ORLANDO, FL 32810

Current Mailing Address:

P.O BOX 580041
ORLANDO, FL 32858 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NEWSOME, PATRICIA A
3850 FALLING LEAF LANE
ORLANDO, FL 32810 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 AUTHORIZED REPRESENTATIVE
Name NEWSOME, PATRICIA
Address P.O BOX 580041
City-State-Zip: ORLANDO FL 32858

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: PATRICIA NEWSOME

**AUTHORIZED
REPRESENTATIVE**

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date