

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000189842

Entity Name: DEATHSTRIPE, LLC

Current Principal Place of Business:

11924 WINDSORWOOD BLVD
DADE CITY, FL 33525

Current Mailing Address:

11924 WINDSORWOOD BLVD
DADE CITY, FL 33525 US

FEI Number: 82-2721467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOTO, PEDRO
11924 WINDSORWOOD BLVD
DADE CITY, FL 33525 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 SOTO, PEDRO
Address 11924 WINDSORWOOD BLVD
City-State-Zip: DADE CITY FL 33525

Title CEO
Name SOTO, THALIA
Address 11924 WINDSORWOOD BLVD
City-State-Zip: DADE CITY FL 33525

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: THALIA SOTO

CEO

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date