

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000085938

**Entity Name:** FADE AWAY CUTZ LLC

**Current Principal Place of Business:**

16 EAST UNIVERSITY AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

17073 NW 239TH TER  
HIGH SPRINGS, FL 32643 US

**FEI Number:** 83-2331025

**Certificate of Status Desired:** No

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

HARDEN, SHARONE L  
17073 NW 239TH TER  
HIGH SPRINGS, FL 32643 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:** SHARONE HARDEN

08/21/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HARDEN, SHARONE L  
Address        17073 NW 239TH TER  
City-State-Zip: HIGH SPRINGS FL 32643

Title           MANAGER  
Name           HARDEN, SOPHIA  
Address        17073 NW 239TH TER  
City-State-Zip: HIGH SPRINGS FL 32643

*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:** SHARONE HARDEN

MANAGER

08/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date