

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000266428

**Entity Name:** 8 PINTS APPAREL, LLC

**Current Principal Place of Business:**

2119 SW 43RD LANE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

1217 CAPE CORAL PKWY E  
SUITE 331  
CAPE CORAL, FL 33904 US

**FEI Number:** 83-2726664

**Certificate of Status Desired:** No

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

KALBAUGH, WILLIAM H  
2119 SW 43RD LANE  
CAPE CORAL, FL 33914 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                 | Title           | AMBR                |
| Name            | KALBAUGH, WILLIAM H | Name            | KALBAUGH, TAMI S    |
| Address         | 2119 SW 43RD LANE   | Address         | 2119 SW 43RD LANE   |
| City-State-Zip: | CAPE CORAL FL 33914 | City-State-Zip: | CAPE CORAL FL 33914 |

*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:** WILLIAM HARRY KALBAUGH

**MGR**

**02/19/2019**

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

\_\_\_\_\_  
Date