

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000302056

**Entity Name:** ST HEDWING LLC

**Current Principal Place of Business:**

4843 CHAROWEN DRIVE  
ORLANDO, FL 32837

**Current Mailing Address:**

4843 CHAROWEN DRIVE  
ORLANDO, FL 32837

**FEI Number:** 85-3567627

**Certificate of Status Desired:** No

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

LEON, BEATRIZ  
4843 CHAROWEN DRIVE  
ORLANDO, FL 32837 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	P	Title	MEMBER
Name	LEON, BEATRIZ	Name	URIBE LEON, SEBASTIAN M
Address	4843 CHAROWEN DRIVE	Address	4843 CHAROWEN DRIVE
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837

*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:** BEATRIZ C LEON

**OWNER**

**03/04/2023**

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

\_\_\_\_\_  
Date