

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000376735

Entity Name: FAKLIS DEPT. STORE & SHOE REPAIR, LLC**Current Principal Place of Business:**139 E. TARPON AVE.
TARPON SPRINGS, FL 34689**Current Mailing Address:**139 E. TARPON AVE.
TARPON SPRINGS, FL 34689 UN**FEI Number:** 85-4231467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FAKLIS, VASILE G
929 OAKVIEW ROAD
TARPON SPRINGS, FL 34689 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	FAKLIS, VASILE G
Address	929 OAKVIEW ROAD
City-State-Zip:	TARPON SPRINGS FL 34689

Title	MGR
Name	FAKLIS, MICHAEL V
Address	18 W. PARK ST.
City-State-Zip:	TARPON SPRINGS FL 34689

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: VASILE FAKLIS

MGR

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date