

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010811

**Entity Name:** THE ACID DRIP SUPPLY LLC

**Current Principal Place of Business:**

3209 PARKCHESTER SQUARE BLVD  
305  
ORLANDO, FL 32835

**Current Mailing Address:**

7901 4TH ST N.  
STE 4000  
ST. PETERSBURG, FL 33702 UN

**FEI Number:** 86-1451633

**Certificate of Status Desired:** No

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

HARVE, BILL  
7901 4TH ST N.  
STE 300  
ST. PETERSBURG, FL 33702 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 AQUINO, ANDREW LEON  
Address 3209 PARKCHESTER SQUARE BLVD  
#305  
City-State-Zip: ORLANDO FL 32835

Title MGR  
Name SANCHEZ, ALEXIS  
Address 5128 EASTWINDS DR  
City-State-Zip: ORLANDO FL 32819

*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:** ANDREW AQUINO

**OWNER**

**04/27/2022**

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

\_\_\_\_\_  
Date