

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000165608

Entity Name: MOE WRAPS LLC**Current Principal Place of Business:**16104 YELLOWEYED DR
CLERMONT, FL 34714**Current Mailing Address:**16104 YELLOWEYED DR
CLERMONT, FL 34714 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
36
ORLANDO, FL 32822 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	AMBR, CEO
Name	RHYMES, JAMAAD M
Address	16104 YELLOWEYED DR
City-State-Zip:	CLERMONT FL 34714

Title	AMBR, COO
Name	TENNANT T, TRAVON
Address	11937 WILLOW GROVE LANE
City-State-Zip:	CLERMONT FL 34711

Title	AUTHORIZED REPRESENTATIVE
Name	RHYMES, J'QUAN
Address	16104 YELLOWEYED DR
City-State-Zip:	CLERMONT FL 34714

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: JAMAAD RHYMES

CEO

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date