## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000352057

Entity Name: DARK STYLE LLC

**Current Principal Place of Business:** 

567 SW RYAN AVE

PORT ST.LUCIE. FL 34953

**Current Mailing Address:** 

567 SW RYAN AVE

PORT ST.LUCIE. FL 34953 US

FEI Number: 87-4729947 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAUER, ANDREW E 567 SW RYAN AVE PORT ST.LUCIE, FL 34953 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: ANDREW MAUER 05/01/2024

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

**PRESIDENT** Title

Name MAUER, ANDREW Address 567 SW RYAN AVE

City-State-Zip: PORT ST.LUCIE FL 34953

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.

05/01/2024 SIGNATURE: ANDREW MAUER **PRESIDENT** 

**FILED** May 01, 2024

**Secretary of State** 

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