

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000386807

**Entity Name:** ALEXIS KATE LIFESTYLE MANAGEMENT LLC

**Current Principal Place of Business:**

14910 N DALE MABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

PO BOX 340571  
TAMPA, FL 33694 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

YESNER LAW PL  
2753 STATE ROAD 580  
106  
CLEARWATER, FL 33761 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            | Title           | MGR            |
| Name            | HUNTER, AMANDA | Name            | LARIOS, STACEY |
| Address         | PO BOX 340571  | Address         | PO BOX 340571  |
| City-State-Zip: | TAMPA FL 33694 | City-State-Zip: | TAMPA FL 33694 |

*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:** AMANDA HUNTER

03/08/2023

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

\_\_\_\_\_  
Date