2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000516887

Entity Name: WILD STITCH SALON LLC

Current Principal Place of Business:

itity Name. WILD STITCH SALON LLC

714 WEST PARK AVE CHIEFLAND, FL 32626

Current Mailing Address:

714 WEST PARK AVE CHIEFLAND, FL 32626 US

FEI Number: 87-4439310 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALCORP SOLUTIONS, LLC 3440 W HOLLYWOOD BLVD. SUITE 415 HOLLYWOOD, FL 33021 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: TRAVIS CRABTREE OBO LEGALCORP SOLUTIONS, LLC 05/01/2024

Electronic Signature of Registered Agent

Date

FILED May 01, 2024

Secretary of State

3371756237CC

Authorized Person(s) Detail:

Title AMBR

Name FLORANCE, SUELLEN
Address 714 WEST PARK AVE
City-State-Zip: CHIEFLAND FL 32626

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SUELLEN FLORANCE

MEMBER

05/01/2024

Date