

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000061536

**Entity Name:** PERFECT PACK CARDSHACK LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

4402 FAIRWAY OAKS CT  
MULBERRY, FL 33860

**Current Mailing Address:**

4402 FAIRWAY OAKS CT  
MULBERRY, FL 33860 US

**FEI Number: 88-0958818**

**Certificate of Status Desired: Yes**

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

LOWERY, HIMAIYA T  
4402 FAIRWAY OAKS CT  
MULBERRY, FL 33860 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	MANAGER, OWNER
Name	LOWERY, MICHELLE L	Name	LOWERY, HIMAIYA
Address	4402 FAIRWAY OAKS CT	Address	4402 FAIRWAY OAKS CT
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860

*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: HIMAIYA TORRES JAMAR LOWERY**

**MANAGER, OWNER**

**04/27/2023**

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

\_\_\_\_\_  
Date