## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000268234

Entity Name: ELEGANT KINKS, LLC\*\*\*\*\*

**Current Principal Place of Business:** 

1005 W BUSCH BOULEVARD SUITE 106 TAMPA, FL 33612

**Current Mailing Address:** 

PO BOX 17643 TAMPA, FL 33682 US

FEI Number: 88-2440968 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, TIARA 1005 W BUSCH BOULEVARD SUITE 106 TAMPA, FL 33612 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

**FILED** Apr 30, 2024

**Secretary of State** 

6102571420CC

## Authorized Person(s) Detail:

Title MGR

WILLIAMS, TIARA Name

POST OFFICE BOX 17643 Address

City-State-Zip: TAMPA FL 33682

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: WILLIAMS, TIARA

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

04/30/2024