

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000287170

**Entity Name:** AWKWARD KAT CRAFTS LLC

**Current Principal Place of Business:**

2704 NW 48TH PLACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2704 NW 48TH PLACE  
GAINESVILLE, FL 32605 US

**FEI Number: 88-3000742**

**Certificate of Status Desired: No**

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

SIMPSON, CATHERINE  
2704 NW 48TH PLACE  
GAINESVILLE, FL 32605 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  
Name SIMPSON, CATHERINE  
Address 2704 NW 48TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title AR  
Name SIMPSON, CATHERINE  
Address 2704 NW 48TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title AUTHORIZED REPRESENTATIVE  
Name AKER, JOSHUA  
Address 17208 NW 171 PLACE  
City-State-Zip: ALACHUA FL 32615

Title MANAGER  
Name SIMPSON, CATHERINE  
Address 2704 NW 48TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

*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: CATHERINE SIMPSON**

**MGR**

**02/18/2024**

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

\_\_\_\_\_  
Date