

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000366355

Entity Name: AMERICAN MADE CRAFTSMAN LLC

Current Principal Place of Business:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 AMBR
Name ALDRIDGE, DANIELLE
Address 1217 EAST CAPE CORAL PARKWAY
#304
City-State-Zip: CAPE CORAL FL 33904

Title AMBR
Name ALDRIDGE, TRAVIS
Address 1217 EAST CAPE CORAL PARKWAY
#304
City-State-Zip: CAPE CORAL FL 33904

Title AMBR
Name ALDRIDGE, LILY
Address 1217 EAST CAPE CORAL PARKWAY
#304
City-State-Zip: CAPE CORAL FL 33904

Title AMBR
Name ALDRIDGE, LINCOLN
Address 1217 EAST CAPE CORAL PARKWAY
#304
City-State-Zip: CAPE CORAL FL 33904

Title AMBR
Name ALDRIDGE, LUCY
Address 1217 EAST CAPE CORAL PARKWAY
#304
City-State-Zip: CAPE CORAL FL 33904

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: DANIELLE ALDRIDGE

PRESIDENT

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date