## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000005272

**Entity Name: ICUSTOMWIGS LLC** 

**Current Principal Place of Business:** 

2692 N UNIVERSITY DR SUNRISE, FL 33322

**Current Mailing Address:** 

2692 N UNIVERSITY DR SUNRISE, FL 33322 US

FEI Number: 99-0746397 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DEMOSTHENE, ASHLEY 2692 N UNIVERSITY DR SUNRISE, FL 33322 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: ASHLEY DEMOSTHENE 05/01/2025

Electronic Signature of Registered Agent

Date

**FILED** May 01, 2025

**Secretary of State** 

0299323341CC

## Authorized Person(s) Detail:

Title MGR

Name DEMOSTHENE, ASHLEY Address 2692 N UNIVERSITY DR City-State-Zip: SUNRISE FL 33322

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: ASHLEY DEMOSTHENE

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

05/01/2025

Date