

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000392372

**Entity Name:** ADRIENNE XPRESSION DESIGNS LLC

**Current Principal Place of Business:**

412 ARMOYAN WAY  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

P.O. BOX 202  
NEW SMYRNA BEACH, FL 32170

**FEI Number:** 99-4913198

**Certificate of Status Desired:** No

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

TORRES, ADRIENNE  
412 ARMOYAN STREET  
NEW SMYRNA BEACH, FL 32168 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 TORRES, ADRIENNE  
Address 412 ARMOYAN WAY  
City-State-Zip: NEW SMYRNA BEACH FL 32170

*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:** ADRIENNE TORRES

**OWNER**

**04/17/2025**

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

\_\_\_\_\_  
Date