

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000219186

**Entity Name:** STYLES BY KRISTIN LLC

**Current Principal Place of Business:**

1742 CHAPS PLACE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2493 ANNACELLA AVE  
KISSIMMEE , FL 34741 US

**FEI Number:** 88-2451840

**Certificate of Status Desired:** No

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

CLARK, KRISTIN  
2493 ANNACELLA AVE  
KISSIMMEE, FL 34741 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 CLARK, KRISTIN  
Address 2493 ANNACELLA AVE  
City-State-Zip: KISSIMMEE FL 34741

*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:** KRISTIN CLARK

04/30/2023

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

\_\_\_\_\_ Date