

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000255379

**Entity Name:** COPY CABANA LLC

**Current Principal Place of Business:**

255 SOUTH LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

255 SOUTH LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656 US

**FEI Number:** 88-2738448

**Certificate of Status Desired:** No

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

WRIGHT, KRISTINA R  
255 SOUTH LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656 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:** KRISTINA R. WRIGHT

01/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	WRIGHT, KRISTINA T	Name	STEWART, BRIAN T
Address	255 SOUTH LAWRENCE BLVD	Address	255 SOUTH LAWRENCE BLVD
City-State-Zip:	KEYSTONE HEIGHTS FL 32656	City-State-Zip:	KEYSTONE HEIGHTS FL 32656

*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:** KRISTINA WRIGHT

OWNER

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date