

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000011638

**Entity Name:** DIGITALLY DETACHED INC.

**Current Principal Place of Business:**

3612 1/2 N 51ST STREET  
TAMPA, FL 33619

**Current Mailing Address:**

3612 1/2 N 51ST STREET  
TAMPA, FL 33619 US

**FEI Number:** 92-0885466

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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

**Officer/Director Detail :**

Title DPTS  
Name DARNELL MACAPINLAC  
Address 3612 1/2 N 51ST STREET  
City-State-Zip: TAMPA FL 33619

Title D  
Name RICHARD DEL RIO  
Address 3612 1/2 N 51ST STREET  
City-State-Zip: TAMPA FL 33619

Title D  
Name JOYCE MACAPINLAC  
Address 3612 1/2 N 51ST STREET  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name LAMBERT, TIFFANY  
Address 5025 BISHOP ROAD  
City-State-Zip: WIMAUMA FL 33598

Title DIRECTOR  
Name SMITH, ALICIA  
Address 3056 TRINITY COTTAGE DRIVE  
City-State-Zip: LAND O LAKES FL 34638

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARNELL MACAPINLAC

**MANAGING MEMBER**

**01/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date