# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000077239

Entity Name: INTERNATIONAL LAW GROUP, P.A.

## **Current Principal Place of Business:**

1570 LAKEVIEW DRIVE SUITE 7 SEBRING, FL 33870

# **Current Mailing Address:**

1570 LAKEVIEW DRIVE SUITE 7 SEBRING, FL 33870 US

## FEI Number: 80-0342449

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

GRAY DAWKINS, KARLENE 1570 LAKEVIEW DRIVE SUITE 7 SEBRING, FL 33870 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                 | KARLENE GRAY DAWKINS                     |                 |                  | 03/27/2023 |
|---------------------------|--|-----------------|------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                  | Date       |
| Officer/Director Detail : |  |                 |                  |            |
| Title                     | Ρ  | Title           | SECRETARY        |            |
| Name                      | GRAY DAWKINS, KARLENE                    | Name            | VAL, OVIDE       |            |
| Address                   | 1570 LAKEVIEW DRIVE                      | Address         | 12575 NE 7TH AVE |            |
| City-State-Zip:           | SUITE 7<br>SEBRING FL 33870              | City-State-Zip: | MIAMI FL 33161   |            |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

| SIGNATURE: KARLENE GRAY DAWKINS |
|---------------------------------|
|---------------------------------|

PRESIDENT

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date