

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048793

Entity Name: FOXX MORTGAGE DOCTOR, LLC**Current Principal Place of Business:**103 W. HAMILTON AVE.
TAMPA, FL 33604**Current Mailing Address:**103 W. HAMILTON AVE.
TAMPA, FL 33604 US**FEI Number:** 76-0792369**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOXX, GEORGE J
103 W HAMILTON AVE
TAMPA, FL 33613 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	MGRM	Title	AUTHORIZED MEMBER
Name	FOXX, GEORGE J	Name	SPEIGHTS, SHEA DR.
Address	103 W HAMILTON AVE	Address	103 W. HAMILTON AVE.
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604

Title	AUTHORIZED MEMBER
Name	FOXX, GHEA L
Address	103 W. HAMILTON AVE.
City-State-Zip:	TAMPA FL 33604

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: DR. SHEA SPEIGHTS

AUTHORIZED MEMBER

04/05/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date