

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009175

**Entity Name:** HARRELL, STINE & ASSOCIATES LLC

**Current Principal Place of Business:**

337 S PLANT AVE  
TAMPA, FL 33606

**Current Mailing Address:**

337 S PLANT AVE  
TAMPA, FL 33606 US

**FEI Number:** 26-1821557

**Certificate of Status Desired:** No

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

STINE, JAMES R  
337 S PLANT AVE  
TAMPA, FL 33606 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	MGRM
Name	STINE, JAMES R	Name	HARRELL, TOMMY A
Address	337 S PLANT AVE	Address	337 S PLANT AVE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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:** JAMES STINE

**MANAGER-MEMBER**

**04/27/2023**

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

\_\_\_\_\_  
Date