## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074154

**Entity Name: STYLES MARK LLC** 

**Current Principal Place of Business:** 

11917 REMSEN RD

JACKSONVILLE, FL 32223

FILED
Mar 18, 2021
Secretary of State
2025207618CC

Certificate of Status Desired: No

## **Current Mailing Address:**

155 BATRAM MARKET DR SUIT 135, PMB 106 SAINT JOHN, FL 32259 US

FEI Number: 80-0429434

Name and Address of Current Registered Agent: MARK, MARTIN A

JACKSONVILLE, FL 32223 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:

11917 REMSEN RD

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR Title

NameMARK, MARTIN ANameMARK, LATONYA SAddress11917 REMSEN RDAddress11917 REMSEN RD

City-State-Zip: JACKSONVILLE FL 32223 City-State-Zip: JACKSONVILLE FL 32223

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

NameMARK, MARTIN A JR.NameMARK, NELSON JAddress14391 REMSEN RDAddress14391 REMSEN RD

City-State-Zip: JACKSONVILLE FL 32258 City-State-Zip: JACKSONVILLE FL 32258

Title AUTHORIZED MEMBER

Name MAGEAU, IAN M Address 14391 REMSEN RD

City-State-Zip: JACKSONVILLE FL 32223

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: MARTIN A MARK

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

MGR

03/18/2021