

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076723

**Entity Name:** CHILDREN OF CEDARS, LLC

**Current Principal Place of Business:**

9951 ATLANTIC BLVD  
SUITE 130  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 350822  
JACKSONVILLE, FL 32235-0822 US

**FEI Number:** 27-0710084

**Certificate of Status Desired:** No

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

PETE ORLANDO, CPA, PA  
4745 SUTTON PARK COURT  
SUITE 101  
JACKSONVILLE, FL 32224 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            AUTHORIZED MEMBER  
Name            HASSAN, NAJI  
Address        P.O. BOX 350822  
City-State-Zip: JACKSONVILLE FL 32235-0822

*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:** NAJI HASSAN

**AUTHORIZED MEMBER**

**02/07/2019**

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

\_\_\_\_\_  
Date