

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000091501

**Entity Name:** ATLANTIC FLORIST LLC

**Current Principal Place of Business:**

2434 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

2434 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 47-1077394

**Certificate of Status Desired:** No

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

WILLIAMS, BERT A JR  
9954 ARNOLD ROAD  
JACKSONVILLE  
JACKSONVILLE, FL 32246 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:** BERT A WILLIAMS JR

01/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MBR
Name	ADLER, GARY E	Name	WILLIAMS, BERT A JR
Address	2434 ATLANTIC BLVD	Address	3837 SOUTHSIDE BLVD
City-State-Zip:	JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32216

*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:** WILLIAMS , BERT A , JR

MBR

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date