

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000158738

**Entity Name:** START YOUR TAX EXEMPT NONPROFIT, LLC

**Current Principal Place of Business:**

37 NORTH ORANGE AVENUE, SUITE 500  
ATTN: AUDREY CHISHOLM  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 568  
OCOEE, FL 34761 US

**FEI Number:** 47-2055518

**Certificate of Status Desired:** No

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

CHISHOLM, AUDREY  
37 NORTH ORANGE AVENUE, SUITE 500  
ORLANDO, FL 32801 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            AMBR  
Name            CHISHOLM, AUDREY  
Address        37 NORTH ORANGE AVENUE, SUITE  
                    500  
City-State-Zip: ORLANDO FL 32801

*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:** AUDREY CHISHOLM

02/27/2020

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

\_\_\_\_\_  
Date