

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000045844

Entity Name: IMPRESSIONSBYCHRISTINA, LLC

Current Principal Place of Business:

7826 CHASE MEADOWS DR. W.
JACKSONVILLE, FL 32256

Current Mailing Address:

7826 CHASE MEADOWS DR. W.
JACKSONVILLE, FL 32256 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STALLINGS, K
7826 CHASE MEADOWS DR. W.
JACKSONVILLE, FL 32256 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: K STALLINGS

02/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name STALLINGS, CHRISTINA
Address 7826 CHASE MEADOWS DR. W.
City-State-Zip: JACKSONVILLE FL 32256

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: CHRISTINA STALLINGS

PRESIDENT

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date