# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000117224

Entity Name: THOMPSON FAMILY SERVICES LLC

### **Current Principal Place of Business:**

404 FAIRFAX DR PENSACOLA, FL 32503

# **Current Mailing Address:**

404 FAIRFAX DR PENSACOLA, FL 32503

# FEI Number: 47-4481261

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

THOMPSON, JABARI 404 FAIRFAX DR PENSACOLA, FL 32503 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

### Authorized Person(s) Detail :

TitleMGRNameTHOMPSON, JABARIAddress404 FAIRFAX DRCity-State-Zip:PENSACOLA FL 32503

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: THOMPSON, JABARI

OWNER

02/24/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 24, 2023 Secretary of State 6665946669CC

Certificate of Status Desired: No

Date