

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000031665

Entity Name: LINDA H HOLLOWAY & ASSOCIATES, LLC**Current Principal Place of Business:**748 NW 204 ST
MIAMI GARDENS, FL 33169**Current Mailing Address:**748 NW 204 ST
MIAMI GARDENS, FL 33169 US**FEI Number: 81-1864403****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOLLOWAY, LINDA H
748 NW 204 ST
MIAMI GARDENS, FL 33169 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 FOUNDER, CEO, CFO
Name HOLLOWAY, LINDA HODGES
Address 748 NW 204 ST
City-State-Zip: MIAMI GARDENS FL 33169-2460

Title MGR
Name HOLLOWAY, WILBERT THEODORE
Address 748 NW 204 ST
City-State-Zip: MIAMI GARDENS FL 33169-2460

Title AUTHORIZED MEMBER
Name HOLLOWAY, DWAYNE TALIAFERRO
Address 748 NW 204 ST
City-State-Zip: MIAMI GARDENS FL 33169-2460

Title AUTHORIZED MEMBER
Name HOLLOWAY, DAVID THEODORE
Address 748 NW 204 ST
City-State-Zip: MIAMI GARDENS FL 33169-2460

Title AUTHORIZED MEMBER
Name HOLLOWAY, DAVON TRAVIS
Address 748 NW 204 ST
City-State-Zip: MIAMI GARDENS FL 33169-2460

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: LINDA HODGES-HOLLOWAY**02/22/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date