

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000059816

**Entity Name:** A BLOWFLY JOINT LLC

**Current Principal Place of Business:**

4322 S. MANHATTAN AVE  
TAMPA, FL 33611

**Current Mailing Address:**

915. NORTH FRANKLIN ST  
APT 1502  
TAMPA, FL 33602 US

**FEI Number:** 81-1992190

**Certificate of Status Desired:** No

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

DENSON, EFFREN E  
915 N. FRANKLIN ST  
APT 1502  
TAMPA, FL 33602 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            PRESIDENT  
Name            DENSON, EFFREN EZELL  
Address        915 N. FRANKLIN ST.  
                  APT 1502  
City-State-Zip: TAMPA FL 33602

Title            PRESIDENT  
Name            CARSON, SANDRA  
Address        915 N. FRANKLIN ST  
                  APT 1502  
City-State-Zip: TAMPA FL 33602

*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:** EFFREN DENSON

**PRESIDENT**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date