

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000072403

**Entity Name:** CONNECTS FLORIDA LLC

**Current Principal Place of Business:**

1515 COUNTY ROAD 210 W  
SUITE 101  
ST. JOHNS, FL 32259

**Current Mailing Address:**

1515 COUNTY ROAD 210 W  
SUITE 101  
ST JOHNS, FL 32259-2155 US

**FEI Number:** 81-2327031

**Certificate of Status Desired:** No

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

LI, WILLIAM  
1515 COUNTY ROAD 210 W  
SUITE 101  
ST JOHNS, FL 32259-2155 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 MGR  
Name WILLIAMSON, MICHAEL D  
Address 1515 COUNTY ROAD 210 W  
SUITE 101  
City-State-Zip: ST. JOHNS FL 32259

Title AMBR  
Name EDWARDS, CARMEN B  
Address 4124 CORDGRASS INLET DR  
City-State-Zip: JACKSONVILLE FL 32250

*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:** MICHAEL WILLIAMSON

MGR

03/28/2023

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

\_\_\_\_\_  
Date