

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000124961

Entity Name: VISION, FAITH, MOTIVATION,LLC**Current Principal Place of Business:**519 FITZGERALD DR
MAITLAND, FL 32751**Current Mailing Address:**519 FITZGERALD DR
MAITLAND, FL 32751 US**FEI Number:** 81-3171102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRIGGS, DEREK A
519 FITZGERALD DR
MAITLAND, FL 32751 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	AMBR
Name	GRIGGS, ROSA B
Address	519FITZGERALD DR
City-State-Zip:	MAITLAND FL 32751

Title	AMBR
Name	GRIGGS, WILLIE J
Address	519 FITZGERALD DR
City-State-Zip:	MAITLAND FL 32751

Title	AMBR
Name	GRIGGS, DEREK A
Address	519 FITZGERALD DR
City-State-Zip:	MAITLAND FL 32751

Title	AUTHORIZED MEMBER
Name	GRIGGS, SHUNTEL ENJOLI
Address	519 FITZGERALD DR
City-State-Zip:	MAITLAND FL 32751

Title	AUTHORIZED MEMBER
Name	STEPHENS-GRIGGS, TAKESHA RENEE
Address	519 FITZGERALD DR
City-State-Zip:	MAITLAND FL 32751

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: DEREK GRIGGS**REGISTERED AGENT
/OWNER****06/19/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date