

**2019 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**

**OWNER**

**03/16/2019**

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

\_\_\_\_\_  
Date