## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000027753

Entity Name: ALTERNATIVE BUSINESS SERVICE LLC

**Current Principal Place of Business:** 

6842 PLUM LAKE LANE E JACKSONVILLE. FL 32222

**Current Mailing Address:** 

1069 EASTERN PKWY LOUISVILLE, KY 40217 US

FEI Number: 81-5267038 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBER, SYLVIA 6842 PLUM LAKE LANE E JACKSONVILLE, FL 32222 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: SYLVIA BARBER 04/16/2025

Electronic Signature of Registered Agent

Date

FILED Apr 16, 2025

**Secretary of State** 

9184066640CC

## Authorized Person(s) Detail:

Title MGR

Name GUSTAFSON, JESSICA C
Address 1069 EASTERN PKWY
City-State-Zip: LOUISVILLE KY 40217

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: JESSICA GUSTAFSON

MANAGING MEMBER

04/16/2025