

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000133656

Entity Name: ALEAH'S, LLC**Current Principal Place of Business:**552 HERITAGE ROAD
HARTWELL, GA 30643**Current Mailing Address:**552 HERITAGE ROAD
HARTWELL, GA 30643 US**FEI Number:** 82-2092193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEEBRICK, BRIAN D ESQ.
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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 AUTHORIZED MEMBER, PRESIDENT
Name CRAWFORD, SHAUN ALEAH
Address 552 HERITAGE RD
City-State-Zip: HARTWELL GA 30643

Title BREAKTHROUGHMINISTRIES
Name CRAWFORD, ROBERT
Address 552 HERITAGE ROAD
City-State-Zip: HARTWELL GA 30643

Title MEMBER
Name CRAWFORD, SELAH A
Address 2909 BRETT CIRCLE
City-State-Zip: ACWORTH GA 30101

Title AUTHORIZED MEMBER
Name CRAWFORD, STRIDER A
Address 2909 BRETT CIR
City-State-Zip: ACWORTH GA 30101

Title MEMBER
Name CRAWFORD, SKYLER
Address 2909 BRETT CI
City-State-Zip: ACWORTH GA 30301

Title MEMBER
Name CRAWFORD, SERENITY
Address 2909 BRETT CIR
City-State-Zip: ACWORTH GA 30101

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: SHAUN ALEAH CRAWFORD**PRESIDENT****02/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date