

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000211624

**Entity Name:** DR. NELLY STONE, LLC

**Current Principal Place of Business:**

1272 COUNTY ROAD 13 S  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

1272 COUNTY ROAD 13 S  
ST AUGUSTINE, FL 32092 US

**FEI Number:** 82-3109035

**Certificate of Status Desired:** No

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

STONE, NELLY  
1272 COUNTY ROAD 13 S  
ST AUGUSTINE, FL 32092 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 STONE, NELLY  
Address 1272 COUNTY ROAD 13 S  
City-State-Zip: ST AUGUSTINE FL 32092

Title AP  
Name STONE, JAMES  
Address 1272 COUNTY ROAD 13 S  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** JAMES E STONE

AP

03/06/2023

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

\_\_\_\_\_  
Date