

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000103396

**Entity Name:** LJT'S WAY OF HOPE LLC

**Current Principal Place of Business:**

6145 MISSON DR  
ORLANDO, FL 32810

**Current Mailing Address:**

6145 MISSON DR  
ORLANDO, FL 32810

**FEI Number: 82-5366044**

**Certificate of Status Desired: Yes**

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

TOLIVER, LARICO J  
6145 MISSON DR  
ORLANDO, FL 32810 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            OWNER  
Name            TOLIVER, LARICO J  
Address        6145 MISSON DR  
City-State-Zip: ORLANDO FL 32810

Title            AR  
Name            JACKSON, GAIL  
Address        5537 WESTHAVEN CT  
City-State-Zip: ORLANDO FL 32810

*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: LARICO TOLIVER**

**OWNER**

**03/09/2019**

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

\_\_\_\_\_  
Date