

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000002564

Entity Name: GREAT COMPRESSIONS CPR LLC

Current Principal Place of Business:

7740 SOUTHSIDE BLVD
APT. 2105
JACKSONVILLE, FL 32256

Current Mailing Address:

7740 SOUTHSIDE BLVD
APT. 2105
JACKSONVILLE, FL 32256 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, LAKEESHA L
7740 SOUTHSIDE BLVD
APT. 2105
JACKSONVILLE, FL 32256 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 FORD, JIMMY D
Address 7740 SOUTHSIDE BLVD
City-State-Zip: APT. 2105 JACKSONVILLE FL 32256

Title AMBR
Name FORD, LAKEESHA L
Address 7740 SOUTHSIDE BLVD
City-State-Zip: APTL 2105 JACKSONVILLE FL 32256

Title MGR
Name FORD, URIAH D
Address 7740 SOUTHSIDE BLVD
City-State-Zip: APT. 2105 JACKSONVILLE FL 32256

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: LAKEESHA FORD

MEMBEE

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date