# that my name appears above, or on an attachment with all other like empowered.

AR

SIGNATURE: JUSTIN L DAVIS

Electronic Signature of Signing Authorized Person(s) Detail

### SIGNATURE: MIJANVO M PRIDE

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title AR Name DAVIS, JUSTIN L Address 450 SW COUNTY ROAD 360 City-State-Zip: MADISON FL 32340

02/13/2023

## MADISON, FL 32340

**Current Principal Place of Business:** 

DOCUMENT# L19000029638

### **Current Mailing Address:**

450 SW COUNTY ROAD 360

450 SW COUNTY ROAD 360 MADISON, FL 32340 US

### FEI Number: 83-3299412

### Name and Address of Current Registered Agent:

PRIDE, MIJANVO M 450 SW COUNTY ROAD 360 MADISON, FL 32340 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.

Certificate of Status Desired: Yes

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

02/13/2023 Date

FILED Feb 13, 2023 Secretary of State 2951027925CC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PRIDE ADVOCACY & CONSULTING SERVICES, LLC

Date