

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000067377

Entity Name: THE SCIENCESIS LLC**Current Principal Place of Business:**915 N. WOODBRIDGE HOLLOW RD.
JACKSONVILLE, FL 32218**Current Mailing Address:**915 N. WOODBRIDGE HOLLOW RD.
JACKSONVILLE, FL 32218**FEI Number:** 85-3184444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIE, ERICA N
915 N. WOODBRIDGE HOLLOW RD.
JACKSONVILLE, FL 32218 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	MGR
Name	WILLIE, ERICA N
Address	915 N. WOODBRIDGE HOLLOW RD
City-State-Zip:	JACKSONVILLE FL 32218

Title	MGR
Name	WILLIE, ANGELINA K
Address	915 N. WOODBRIDGE HOLLOW RD.
City-State-Zip:	JACKSONVILLE FL 32218

Title	MGR
Name	WILLIE, BERKELEY R
Address	915 N. WOODBRIDGE HOLLOW RD.
City-State-Zip:	JACKSONVILLE FL 32218

Title	MGR
Name	WILLIE, COBIE K
Address	915 N. WOODBRIDGE HOLLOW RD.
City-State-Zip:	JACKSONVILLE FL 32218

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: ERICA WILLIE

MGR

05/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date