

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000303013

**Entity Name:** S. DEVELOPMENTS, LLC.

**Current Principal Place of Business:**

6425 SHORTLEAF PL  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6425 SHORTLEAF PL  
JACKSONVILLE, FL 32244 US

**FEI Number:** 84-3951654

**Certificate of Status Desired:** No

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

CEASER, MICHAEL  
1840 SOUTHSIDE BLVD STE 2A  
JACKSONVILLE, FL 32216 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            RECEIVER  
Name            SAMPSON, TARANDA  
Address        3110 ROGERS AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title            MANAGER  
Name            SAMPSON, LEMUND  
Address        5565 CONNIE JEAN RD  
                  APT 7  
City-State-Zip: JACKSONVILLE FL 32222

*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:** LEMUND SAMPSON

**MANAGER**

**04/30/2023**

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

\_\_\_\_\_ Date