## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000013197

Entity Name: BARBARA UCHINO, PHD, LLC

**Current Principal Place of Business:** 

1003 N ADAMS STREET

TALLAHASSEE, FLORIDA 32303

**Current Mailing Address:** 

1003 N ADAMS STREET

TALLAHASSEE. FLORIDA 32303 UN

FEI Number: 84-4395205 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UCHINO, BARBARA J 1003 N ADAMS STREET TALLAHASSEE, FL 32303 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

FILED Jan 23, 2024

**Secretary of State** 

7759253935CC

Authorized Person(s) Detail:

Title DR. Title AUTHORIZED MEMBER

Name UCHINO, BARBARA J Name UCHINO, STEPHEN

Address 1003 N ADAMS STREET Address 905 WAVERLY ROAD

City-State-Zip: TALLAHASSEE FLORIDA 32303 City-State-Zip: TALLAHASSEE FL 32312

Title MANAGER, SOCIAL MEDIA Title MANAGER, ADVERTISEMENT

Name UCHINO, XAVIER Name UCHINO, EVA

Address 905 WAVERLY ROAD Address 905 WAVERLY ROAD

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32312

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: BARBARA UCHINO

Electronic Signature of Signing Authorized Person(s) Detail

01/23/2024

**OWNER** 

Date