

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000101550

**Entity Name:** FLORIDA DO ALLZ LLC

**Current Principal Place of Business:**

9629 AMILIA DRIVE  
SUITE E3  
HUDSON, FL 34667

**Current Mailing Address:**

9629 AMILIA DRIVE  
SUITE E3  
HUDSON, FL 34667 US

**FEI Number:** 85-2910659

**Certificate of Status Desired:** Yes

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

BRANFIELD, CHRIS M  
8934 LIDO LANE  
PORT RICHEY, FL 34668 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 PLENSDORF, TANNER R  
Address 7321 GATES CIRCLE  
City-State-Zip: SPRING HILL FL 34606

Title MGR  
Name PLENSDORF, DONNY R  
Address 7321 GATES CIRCLE  
City-State-Zip: SPRING HILL FL 34606

Title MANAGER  
Name BRANFIELD, CHRIS M  
Address 8934 LIDO LANE  
City-State-Zip: PORT RICHEY FL 34668

*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:** CHRIS BRANFIELD

**MANAGER**

**03/26/2022**

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

\_\_\_\_\_  
Date