

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000150556

**Entity Name:** 04SEASONSMOBILENOTARYSERVICE LLC

**Current Principal Place of Business:**

1352 WHITE PINE DRIVE  
WELLINGTON, FL 33414

**Current Mailing Address:**

POBOX 19384  
WEST PALM BEACH, FL 33416 98

**FEI Number:** 85-1615257

**Certificate of Status Desired:** Yes

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

WILLIAMS, DAWANDA D  
1352 WHITE PINE DRIVE  
WELLINGTON, FL 33414 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 WILLIAMS, DAWANDA D  
Address POBOX 19384  
City-State-Zip: WEST PALM BEACH FL 33416

*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:** DAWANDA WILLIAMS

MGR

04/23/2021

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

\_\_\_\_\_ Date