

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000172143

**Entity Name:** SOULFUL HEARTS SUPPORT SERVICES LLC

**Current Principal Place of Business:**

731 MINNIE STREET  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

731 MINNIE STREET  
JACKSONVILLE, FL 32204 US

**FEI Number: 85-1287664**

**Certificate of Status Desired: No**

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

GASKIN J, ASMINE A  
731 MINNIE STREET  
JACKSONVILLE, FL 32204 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 GASKIN, JASMINE A  
Address 731 MINNIE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title MGR  
Name OLIPHANT, ANITA L  
Address 731 MINNIE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR  
Name OLIPHANT, ANITA L  
Address 731 MINNIE STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title AMBR  
Name GASKIN, JASMINE A  
Address 731 MINNIE STREET  
City-State-Zip: JACKSONVILLE FL 32204

*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: JASMINE GASKIN**

**OWNER**

**03/19/2021**

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

\_\_\_\_\_  
Date