

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000229084

Entity Name: A FAMILY FLIP HOUSE'S LLC**Current Principal Place of Business:**2355 W MICHIGAN AVE
APT C28
PENSACOLA, FL 32526**Current Mailing Address:**2355 W MICHIGAN AVE
APT C28
PENSACOLA, FL 32526 US**FEI Number:** 85-2452664**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BYRD, DENISE
2355 W MICHIGAN AVE
APT C28
PENSACOLA, FL 32526 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:** DENISE BYRD

04/29/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MANAGER
Name TERRANCE HACKWORTH
Address 2355 W MICHIGAN AVE
City-State-Zip: PENSACOLA FL 32526Title MANAGER
Name MARIAH JOHNSON
Address 2355 W MICHIGAN AVE
City-State-Zip: PENSACOLA FL 32526Title MANAGER
Name MAKHI FANTROY
Address 2355 W MICHIGAN AVE
City-State-Zip: PENSACOLA FL 32506Title MANAGER
Name TERR' SHON KEY
Address 119 DENVER AVE
City-State-Zip: PENSACOLA FL 32526Title AUTHORIZED MEMBER
Name POSEY, DERRICK
Address 2208 NORTH J STREET
City-State-Zip: PENSACOLA FL 32501

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: DENISE BYRD

OWNER

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date