

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000251497

**Entity Name:** NEXSTEP, LLC

**Current Principal Place of Business:**

174 SW LEEVILLE CT  
LAKE CITY, FL 32024

**Current Mailing Address:**

174 SW LEEVILLE CT  
LAKE CITY, FL 32024 US

**FEI Number:** 86-1292765

**Certificate of Status Desired:** No

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

CRIBBS, DERRIEL S  
174 SW LEEVILLE CT  
LAKE CITY, FL 32024 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 AMBR  
Name CRIBBS, DERRIEL S  
Address 174 SW LEEVILLE CT.  
City-State-Zip: LAKE CITY FL 32024

Title AMBR  
Name CUADRAS, MICHELE P  
Address 279 SW SWEETBREEZE DR  
City-State-Zip: LAKE CITY FL 32024

*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:** DERRIEL CRIBBS

AMBR

04/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date