## 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: HOWARD, STEPHANIE

04/07/2021 AUTHORIZED PARTY, OWNER

Electronic Signature of Signing Authorized Person(s) Detail

HAWTHORNE, FL 32640 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:

Authorized Person(s) Detail :			
Title	AP	Title	AP
Name	HOWARD, BOUNSY	Name	HOWARD, STEPHANIE
Address	PO BOX 61916	Address	PO BOX 61916
City-State-Zip:	JACKSONVILLE FL 32236	City-State-Zip:	JACKSONVILLE FL 32236

# FEI Number: 86-1565478

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

Electronic Signature of Registered Agent

HOWARD, STEPHANIE 307 BALTIMORE ST



Certificate of Status Desired: No

Date

Date

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L20000252047

### Entity Name: STEPHANIE HOWARD CONSULTING, LLC

## **Current Principal Place of Business:**

307 BALTIMORE ST HAWTHORNE, FL 32640

## **Current Mailing Address:**

PO BOX 61916 JACKSONVILLE, FL 32236 UN