

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000262309

**Entity Name:** LEFT LANE JAX LLC

**Current Principal Place of Business:**

4007 POST ST  
JACKSONVILLE, FLORIDA 32205

**Current Mailing Address:**

4007 POST ST  
JACKSONVILLE, FLORIDA 32205 UN

**FEI Number: 85-1996410**

**Certificate of Status Desired: No**

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

EPPS, DEION  
4007 POST ST  
JACKSONVILLE, FL 32205 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	Title	MGR
Name	PUMPHREY, CONNER	Name	EPPS, DEION
Address	4007 POST ST	Address	4007 POST ST
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE 32205

*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: DEION EPPS**

**MGR**

**04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date