

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000317100

**Entity Name:** BRAXTON WILLIAMSON GROUP, LLC

**Current Principal Place of Business:**

2316 SW NAOMI AVENUE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

2316 SW NAOMI AVENUE  
PORT SAINT LUCIE, FL 34953 UN

**FEI Number:** 85-3357167

**Certificate of Status Desired:** No

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

WILLIAMSON, JAMIE M  
2316 SW NAOMI AVENUE  
PORT SAINT LUCIE, FL 34953 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	AMBR
Name	BRAXTON, EARL JR	Name	WILLIAMSON, JAMIE M
Address	929 MOZART DRIVE	Address	2316 SW NAOMI AVENUE
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	PORT SAINT LUCIE FL 34953
Title	AMBR	Title	AMBR
Name	WILLIAMSON, CARLTON	Name	BRAXTON, VALERIE A
Address	2316 SW NAOMI AVENUE	Address	929 MOZART DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	ORLANDO FL 32825

*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:** JAMIE M WILLIAMSON

AMBR

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date