

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000363122

**Entity Name:** STOCKTON FAMILY MULTI SERVICE LLC

**Current Principal Place of Business:**

1090 BERRY LN  
DAVENPORT , FL 33837

**Current Mailing Address:**

1090 BERRY LN  
DAVENPORT , FL 33837 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

STOCKTON, LARRY D III  
1090 BERRY LN  
DAVENPORT , FL 33837 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  
Name STOCKTON, SHADIAMOND D  
Address 1090 BERRY LN  
City-State-Zip: DAVENPORT FL 33837

Title MGR  
Name STOCKTON, LARRY D III  
Address 1090 BERRY LN  
City-State-Zip: DAVENPORT FL 33837

*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:** SHADIAMOND STOCKTON

**MANAGER**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date