1095 MAGNO BARTOW, FL	-			
Current Ma	ailing Address:			
P.O. BOX 4 WINTER H	211 AVEN, FL 33830 US			
FEI Number: 85-4315847			Certificate of Status Desired: No	
Name and	Address of Current Registered Agen	nt:		
FINLEY, LAM 1504 ASPEN DAVENPORT				
The above name	ed entity submits this statement for the purpose of char	nging its registered office or regis	tered agent, or both, in the State of Fl	orida.
	ed entity submits this statement for the purpose of char E: LAMAR T. FINLEY	nging its registered office or regis	tered agent, or both, in the State of Fl	
		nging its registered office or regis	tered agent, or both, in the State of Fl	
SIGNATUR	E: LAMAR T. FINLEY	nging its registered office or regis	tered agent, or both, in the State of Fl	04/17/2023
SIGNATUR	E: LAMAR T. FINLEY Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, in the State of Fl	04/17/2023
SIGNATUR	E: LAMAR T. FINLEY Electronic Signature of Registered Agent			04/17/2023
SIGNATUR Authorized	E: LAMAR T. FINLEY Electronic Signature of Registered Agent I Person(s) Detail : AR	Title	AR	04/17/2023 Date
SIGNATUR Authorized Title Name	E: LAMAR T. FINLEY Electronic Signature of Registered Agent I Person(s) Detail : AR LEVERETT, BRIANA D 3164 KIWI AVE	Title Name	AR LEVERETT, BENNIE B II 2621 BERMUDA LAKE DR. AP	04/17/2023 Date
SIGNATUR Authorized Title Name Address	E: LAMAR T. FINLEY Electronic Signature of Registered Agent I Person(s) Detail : AR LEVERETT, BRIANA D 3164 KIWI AVE	Title Name Address	AR LEVERETT, BENNIE B II 2621 BERMUDA LAKE DR. AP	04/17/2023 Date
SIGNATUR Authorized Title Name Address	E: LAMAR T. FINLEY Electronic Signature of Registered Agent I Person(s) Detail : AR LEVERETT, BRIANA D 3164 KIWI AVE	Title Name Address	AR LEVERETT, BENNIE B II 2621 BERMUDA LAKE DR. AP	04/17/2023 Date

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: BRIANA D. LEVERETT

Electronic Signature of Signing Authorized Person(s) Detail

04/17/2023

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000368792

Entity Name: FAVORED LEGACY GROUP LLC

Current Principal Place of Business:

FILED Apr 17, 2023 Secretary of State 8538091774CC