

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000396008

**Entity Name:** A BETTER CHOICE OF SUPPORT AND CONSULTING LLC

**Current Principal Place of Business:**

18534 LITHIA RANCH ROAD  
LITHIA, FL 33547

**Current Mailing Address:**

18534 LITHIA RANCH ROAD  
LITHIA, FL 33547 US

**FEI Number: 86-1189459**

**Certificate of Status Desired: No**

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

AKINREFON, FUNMILAYO A MRS.  
18534 LITHIA RANCH ROAD  
LITHIA, FL 33547 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 AKINREFON, FUNMILAYO AGNES  
DARAMOLA  
Address 18534 LITHIA RANCH ROAD  
City-State-Zip: LITHIA FL 33547

Title AR  
Name AKINREFON, OLUTAYO O  
Address 6325 MAGNOLIA TRAILS LANE  
City-State-Zip: GIBSONTON FL 33534

Title AR  
Name AKINREFON, OLUWASEYE A  
Address 9415 N ROME CIRCLE  
City-State-Zip: TAMPA FL 33612

Title AR  
Name AKINREFON, OLUWAYEMISI  
Address 1642 STREAM VALLEY OVERLOOK  
City-State-Zip: SEVERN MD 21144

Title AR  
Name AKINREFON, TEMITAYO T  
Address 319 50TH STREET SE  
City-State-Zip: WASHINGTON DC 20019

*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: FUNMILAYO AKINREFON**

**MGR/OWNER**

**01/29/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date