

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000396008

Entity Name: A BETTER CHOICE OF SUPPORT AND CONSULTING LLC

Current Principal Place of Business:

14742 GREATE PINES BLVD
CLERMONT, FL 34711

Current Mailing Address:

P. O. BOX 333
GIBSONTON, FL 33534 US

FEI Number: 86-1189459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKINREFON, FUNMILAYO A MRS.
14742 GREATE PINES BLVD
CLERMONT, FL 34711 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
Address 14742 GREATE PINES BLVD
City-State-Zip: CLERMONT FL 34711

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

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date