

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000033661

Entity Name: ADEFEMI ADEJOKUN FAMILY COUNCIL LLC

Current Principal Place of Business:

48 LACAILLE AVE
JACKSONVILLE, FL 32259

Current Mailing Address:

48 LACAILLE AVE.
ST JOHNS, FL 32211 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STIN AGAPE INC.
48 LACAILLE AVE
JACKSONVILLE, FL 32259 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 MD
Name OJO-ADEJOKUN, ELIZABETH
Address 2961 FOXCROFT DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title MD
Name KASSIM, TOKS
Address 9900 S. GRAND DUKE CIRCLE
City-State-Zip: FORT LAUDERDALE FL 33321

Title MD
Name ADEJOKUN, WALE
Address 4513 NORTH VIA ENTRADA, APT 158
City-State-Zip: TUCSON AZ 85718

Title MD
Name ADEJOKUN, JUWON
Address 160 MAGNOLIA WALK LANE
City-State-Zip: ATLANTA GA 30349

Title MD
Name ADEJOKUN, DEOLU
Address 100004 LEAF WOOD DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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: TOKS KASSIM

DIRECTOR

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date