

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000081335

**Entity Name:** DOSE OF HOME LLC

**Current Principal Place of Business:**

613 ALFANI ST  
DAVENPORT, FL 33896

**Current Mailing Address:**

4909 ROCK ROSE LOOP  
SANFORD, FL 32771 US

**FEI Number:** 86-2376883

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            AMBR  
Name            SMITH, TATIANNA D  
Address        4909 ROCK ROSE LOOP  
City-State-Zip: SANFORD FL 32771

*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:** TATIANNA SMITH

**OWNER**

**04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date