

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000087113

**Entity Name:** 904NOTARYLLC

**Current Principal Place of Business:**

11542 WILLET CT N  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

11542 WILLET CT N  
JACKSONVILLE, FL 32225

**FEI Number:** 85-4076906

**Certificate of Status Desired:** No

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

MCCLELLAND, DEIDRE  
11542 WILLET CT N  
JACKSONVILLE, FL 32225 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            CEO  
Name            MCCLELLAND, DEIDRE  
Address        11542 WILLET CT N  
City-State-Zip: JACKSONVILLE FL 32225

*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:** MCCLELLAND , DEIDRE

CEO

04/23/2024

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

\_\_\_\_\_  
Date