

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000170632

**Entity Name:** 3U SERVICES LLC

**Current Principal Place of Business:**

1905 E FLETCHER AVE  
TAMPA, FL 33612

**Current Mailing Address:**

1905 E FLETCHER AVE  
TAMPA, FL 33612 US

**FEI Number:** 86-3425405

**Certificate of Status Desired:** Yes

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

EDMOND, SHIRLEY  
1905 E FLETCHER AVE  
TAMPA, FL 33612 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:** SHIRLEY EDMOND

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO, CHAIRMAN  
Name EDMOND, ULRICK  
Address 724 CHURCH ST  
City-State-Zip: VINCENNES IN 47591

Title COO, MANAGER  
Name EDMOND, SHIRLEY  
Address 724 CHURCH ST  
City-State-Zip: VINCENNES IN 47591

Title CEO  
Name EDMOND, ULEYAH  
Address 724 CHURCH ST  
City-State-Zip: VINCENNES IN 47591

Title CEO  
Name EDMOND, RICK U  
Address 724 CHURCH ST  
City-State-Zip: VINCENNES IN 47591

Title CEO  
Name EDMOND, ULRISH  
Address 724 CHURCH ST  
City-State-Zip: VINCENNES IN 47591

Title CEO  
Name EDMOND, ULEY  
Address 724 CHURCH ST  
City-State-Zip: VINCENNES IN 47591

*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:** SHIRLEY EDMOND

MANAGER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date