

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000237534

**Entity Name:** MOMZLYFE101 LLC

**Current Principal Place of Business:**

911 SW FABLE AVE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

911 SW FABLE AVE  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 87-0830356

**Certificate of Status Desired:** No

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

RAY, JORDYN  
911 SW FABLE AVE  
PORT SAINT LUCIE, FL 34953 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:** JORDYN RAY

01/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            RAY, JORDYN  
Address        911 SW FABLE AVE  
City-State-Zip: PORT SAINT LUCIE 34953

*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:** JORDYN RAY

AMBR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date