

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000278991

**Entity Name:** FAITHFUL FREELANCERS, LLC

**Current Principal Place of Business:**

#1256  
2285 KINGSLEY AVE SUITE A  
ORANGE PARK, FL 32073

**Current Mailing Address:**

#1256  
2285 KINGSLEY AVE SUITE A  
ORANGE PARK, FL 32073 US

**FEI Number:** 87-1224041

**Certificate of Status Desired:** No

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

BIALLO, MATTHEW A  
#1256  
2285 KINGSLEY AVE SUITE A  
ORANGE PARK, FL 32073 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           OWNER 25%  
Name           BIALLO, AUBRY JOY  
Address        #1256  
                  2285 KINGSLEY AVE SUITE A  
City-State-Zip: ORANGE PARK FL 32073

Title           OWNER 26%  
Name           BIALLO, MATTHEW ANDREA  
Address        #1256  
                  2285 KINGSLEY AVE SUITE A  
City-State-Zip: ORANGE PARK FL 32073

Title           OWNER 25%  
Name           TUNSTALL, JAMES LEE  
Address        #1256  
                  2285 KINGSLEY AVE SUITE A  
City-State-Zip: ORANGE PARK FL 32073

Title           OWNER 24%  
Name           TUNSTALL, URSULA HILDE  
Address        #1256  
                  2285 KINGSLEY AVE SUITE A  
City-State-Zip: ORANGE PARK FL 32073

*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:** MATTHEW BIALLO

**OWNER**

**02/28/2024**

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

\_\_\_\_\_  
Date