

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000411981

**Entity Name:** 1 MOCHANCE, LLC

**Current Principal Place of Business:**

6720 S LOIS AVE 2-207  
TAMPA, FL 33616

**Current Mailing Address:**

6720 S LOIS AVE 2-207  
TAMPA, FL 33616 US

**FEI Number:** 87-2757784

**Certificate of Status Desired:** No

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

INC AUTHORITY RA  
390 NORTH ORANGE AVE., STE 2300  
ORLANDO, FL 32801 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:** PRINCESS WATSON

10/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WATSON, PRINCESS  
Address 6720 S LOIS AVE 2-207  
City-State-Zip: TAMPA FL 33616

*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:** PRINCESS WATSON

MANAGER

10/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date