

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000429599

Entity Name: DR. LOVE SHOW LLC

Current Principal Place of Business:

840 W. ILEX DR.
LAKE PARK, FL 33403

Current Mailing Address:

840 W. ILEX DR.
LAKE PARK, FL 33403 US

FEI Number: 87-2929964

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORINE, JOHN
840 W. ILEX DR
LAKE PARK, FL 33403 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	AMBR	Title	AMBR
Name	ST FLEUR, ATHLET	Name	DORINE, JOHN
Address	5032 CORRADO AVE	Address	840 W. ILEX DR
City-State-Zip:	AVE MARIA FL 34142	City-State-Zip:	LAKE PARK FL 33403

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: JOHN DORINE

AMBR

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date