

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000434529

Entity Name: LISA MICHELLE ALFORD, LLC

Current Principal Place of Business:

3640 NEWCOMB RD.
#352
JACKSONVILLE, FL 32218

Current Mailing Address:

PO BOX 1838
CALLAHAN, FL 32011

FEI Number: 87-3773640

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALFORD, LISA M
3640 NEWCOMB RD.
#352
JACKSONVILLE, FL 32218 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 AR
Name ALFORD, LISA M
Address 3640 NEWCOMB RD., #352
City-State-Zip: JACKSONVILLE FL 32218

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: LISA MICHELLE ALFORD

**AUTHORIZED
REPRESENTATIVE**

03/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date