

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000434529

**Entity Name:** LISA MICHELLE ALFORD, LLC

**Current Principal Place of Business:**

2851 MANDARIN MEADOWS DR N  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2851 MANDARIN MEADOWS DR N  
JACKSONVILLE, FL 32223 US

**FEI Number:** 87-3773640

**Certificate of Status Desired:** No

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

ALFORD, LISA M  
2851 MANDARIN MEADOWS DR N  
JACKSONVILLE, FL 32223 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 2851 MANDARIN MEADOWS DR N  
City-State-Zip: JACKSONVILLE FL 32223

*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 M. ALFORD

AR

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date