

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000479659

**Entity Name:** DOSES BY T, LLC

**Current Principal Place of Business:**

182 PONDEROSA CIR  
MIDWAY, FL 32343

**Current Mailing Address:**

221 W. PARK AVE  
#11271  
TALLAHASSEE, FL 32302 US

**FEI Number:** 87-3941819

**Certificate of Status Desired:** No

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

JONES, TAMEKAH  
182 PONDEROSA CIR  
MIDWAY, FL 32343 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            CEO  
Name            JONES, TAMEKAH  
Address        221 W. PARK AVE #11271  
City-State-Zip: TALLAHASSEE FL 32302

*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:** TAMEKAH JONES

CEO

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date