

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000481638

Entity Name: GRIEVING ROOM LLC

Current Principal Place of Business:

10901 BURNT MILL RD
UNIT 1603
JACKSONVILLE, FL 32256

Current Mailing Address:

10901 BURNT MILL RD
UNIT 1603
JACKSONVILLE, FL 32256 US

FEI Number: 87-3537862

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, LORANCE
10901 BURNT MILL RD
UNIT 1603
JACKSONVILLE, FL 32256 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 MGR
Name SMITH, LORANCE
Address 10901 BURNT MILL RD, UNIT 1603
City-State-Zip: JACKSONVILLE FL 32256

Title MGR
Name ROBERTS, RYAN
Address 2659 SAM HOUSTON PLACE
City-State-Zip: JACKSONVILLE FL 32246

Title MGR
Name CARPER, KYLE
Address 2626 ROYAL POINTE DRIVE
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title MGR
Name MCDONALD, JOEL
Address 2140 PARK ST
City-State-Zip: JACKSONVILLE FL 32204

Title MGR
Name MCINTYRE, JACKSON
Address 1700 MINDANAO DR, #1209
City-State-Zip: JACKSONVILLE FL 32246

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: LORANCE SMITH

MGR

02/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date