

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000494935

**Entity Name:** ASHLEY DANIELLE STOVER, PLLC

**Current Principal Place of Business:**

1250 OLD HAW CREEK RD  
BUNNELL, FL 32110

**Current Mailing Address:**

1250 OLD HAW CREEK RD  
BUNNELL, FL 32110 US

**FEI Number:** 87-2058147

**Certificate of Status Desired:** No

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

SAVY, BENJAMIN  
25 PINE CONE DR STE 2A  
PALM COAST, FL 32164 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 MGRM  
Name ASHLEY DANIELL STOVER  
Address 1250 OLD HAW CREEK RD  
City-State-Zip: BUNNELL FL 32110

Title MANAGER  
Name STOVER, SHANE DONALD  
Address 1250 OLD HAW CREEK RD  
City-State-Zip: BUNNELL FL 32110

*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:** ASHLEY STOVER

**MANAGER**

**01/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date