

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000534813

**Entity Name:** DO IT ALL SERVICES OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

4648 S ORANGE BLOSSOM TRAIL  
A8  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4648 S ORANGE BLOSSOM TRAIL  
LOT A8  
KISSIMMEE, FL 34746 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

VALENS, MEGAN N  
4648 S ORANGE BLOSSOM TRAIL  
A 8  
KISSIMMEE, FL 34746 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           OWN  
Name           VALENS, MEGAN N  
Address        4648 S ORANGE BLOSSOM TRAIL, A 8  
  
City-State-Zip: KISSIMMEE FL 34746

*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:** MEGAN N VALENS

**OWNER**

**05/01/2022**

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

\_\_\_\_\_  
Date